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SOME SURGICAL CASES IN EGYPT.

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When one, as a surgeon, stands on duty in the wake of a tented field, wherein many thousands of men are being trained to the grim circumstance of war, and in the present instance not ordinary war, but such as surpasses all precedents, and is in many ways beyond belief, he must expect accidents and diseases to be presented to him for treatment, the former resulting from the hard training of men and horses, and the lessons being learned with guns and material, the latter the sequel to and the sign of a weak spot somewhere in the individual, which makes him less resistant than his fellows, to attacking organisms. The prime of life and rigorous selection does not confer immunity from either, as we Australians, camped in Egypt, are reminded by each day's events, that with the hours begin and end. The Commonwealth Government of Australia has sent not only fighting men, but fully equipped hospitals, with the necessary personnel in doctors, nurses, and orderlies, to attend upon those who may be placed *hors de combat* during absence from their own country. At the present moment No. 2 Australian General Hospital, of the 2nd Australian Imperial Expeditionary Force, has beds for 800 patients.

The intent of this article is to record, briefly, a few of the cases which have come under a surgeon's care. Proof is daily forthcoming that the wormlike *cul-de-sac* which projects from the caecum of a man's intestine is as liable to give trouble in the land of the Pharoah's as in other parts of the world, and that young individuals are the subjects of acute and chronic appendicitis, which, with varying rapidity, puts out of action those who become affected.

The history given by the man as to suddenness of onset, vomiting, pain in the belly, incapacity for work, disinclination for movement, no interval between the pain, want of association in action over a long extent of the bowel, and loss of appetite, points to the appendix. The physical phenomena presented to the examiner's eyes and fingers include:—the abdominal wall steadied in whole or in part, the flexed right knee, the altered contour of the skin surface in the right umbilical and iliac regions, the reflex action to percussion and palpation, with as subsidiaries, the respiration rate, the radial pulse, and the temperature. These create a mental picture, to the experienced, which points unerringly to the seat of the trouble.

I.—Retro-colic Appendix, with the Tip Reaching Close to the South Pole of the Right Kidney.

Private, aged 25 years. When the peritoneum was opened the ascending colon presented in the wound, almost a certain sign of an arrangement of the end of the ileum, the caecum, and the appendix, which is apart from the common type. The exploring finger, following the longitudinal muscular band, was led to the posterior aspect of the caecum, where the proximal end of the appendix was located; its density and circular arrangement were characteristic and defined. It was followed upwards along the parietal peritoneum of the posterior abdominal wall, to near the south pole of the right kidney. No meso-appendix was present. The appendix was isolated, at its most accessible point, from the surrounding tissue, and by careful dissection with knife, forceps, and scissors, it was raised along its whole length; a sulcus was left, the edges of which were held in view by forceps. They were at once approximated by a continuous suture of catgut. The freed tube was severed and invaginated. Its length equalled about five inches. An important anatomical consideration was its proximity at some point to the ureter. The arrangement of the tissues found is well illustrated in Kelly and Noble's *Gynaecology and Abdominal Surgery*, Vol. II., 1908 edit., Figs. 741 and 759, by Max Brödel and "A.H."

II.—Retro-caecal and Retro-colic Appendix.

Driver H., aged 22 years. He had been treated during some years by physicians for duodenal ulcer and other alimentary troubles. The caecum presented at the peritoneal opening. The commencement of the appendix was at the lowest point of the caecum, and dragged backwards. There was some meso-appendix, and in this two veins were dilated. These were ligatured, and the mesentery was cut across; the freed tube was followed and dissected along its course behind the caecum and colon for about four inches. When it was lifted a sulcus remained; its edges were at once sewed with catgut. The distal third of the appendix was thickened, and the tip club-shaped. The dissection was difficult. The stump was treated, and invaginated in the customary manner. The similarities and contrasts between the appendices in these two patients are numerous, and could be discussed at length. In the first case the organ was directed upwards and backwards with the point to the lower end of the right kidney. In the second the line followed was almost straight upwards, along the visceral peritoneum, at the postero-external margin of the ascending colon, the distal end pointing to the impression, on the inferior surface of the liver, for the hepatic flexure of the colon.

Experience of large numbers of cases, in all parts of the world, has shown that there is practically no limit to the complications which may be presented to the surgeon by the diseased and displaced appendix.

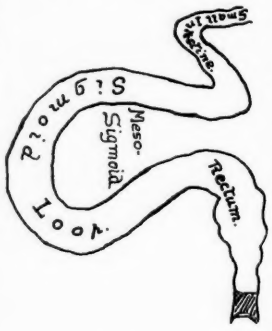
III.—Veiled Appendix: Transverse Colon Presenting in the Wound.

Private W., aged 23 years. Ordinary symptoms and signs, pointing to the region of the caecum,

indicated the disease from which he was suffering. The incision through the skin reached from the outer edge of the right rectus muscle to a point about one inch upwards and inwards from the anterior superior iliac spine. When the peritoneum was exposed, omental fat shone through its outer half, and the blue colour of the bowel through its inner half. As the serous membrane was opened omentum and large bowel prolapsed. A long transverse meso-colon must have been present to allow this part of the intestine to pass freely out of the incision. The caecum was located, and a cord-like appendix felt behind and below, veils of fibrous tissue enveloped it, and attached it to the parietal peritoneum, covering the right iliacus muscle. A finger hooked behind the cord made the distal end of the appendix visible, the tissue adjacent was seized with forceps, and the point freed. The dissection was made easily and without incident. At the proximal extremity a section of the meso-appendix, with its blood vessels, was found to be normal; the ligaturing and cutting of this made all ready for amputation and invagination. The curling up of the cord-like appendix of the size of a No. 10 English Jacques catheter, in the veils of delicate fibrous tissue, puts the case in a class which is not common. In such there are marked local symptoms and signs without general systemic derangement. The careful investigator and diagnostician, before he had seen like cases on the operating table, is not prepared to cast the blame for the patient's trouble upon the vermiform appendix. Veils of delicate fibrous tissue can form about the end of the caecum without causing a rise in bodily temperature and rapidity of pulse, though being responsible for pain, vomiting and tenderness on pressure.

IV.—Colon Absent: Sigmoid Flexure and Rectum Present.

Private B., aged 20 years. Symptoms and signs pointing to an acute appendical condition were present. Operation: Ordinary oblique transverse incision and separation of muscular tissues. Through the presenting peritoneum coils of small bowel could be seen, and when the serous membrane was opened these projected. This is ordinarily a sign that there is something abnormal in the caecal region. Coil after coil of small intestine persisted in coming to the incision. The right iliac and lumbar regions had neither a caecum nor ascending colon in relation to them. The omentum was small in area and quantity, no transverse colon could be drawn down with it, and it was found that its attachments above were to the great curvature of the stomach, this organ occupying the ordinary position under and near to the left costal arch. While, with gauze pads, the small intestine was being packed into the upper abdomen a piece of large bowel came into view to the left and below, looking as if it were occupying the pelvis. It was picked up and traced to its proximal and distal ends. The latter dipped into the left side of the pelvis, being continuous with an apparently normal rectum a little below the true pelvic brim; the former was in the left lumbar region, about one inch above the bifurcation of the aorta, and one and one half inches to the left of the aorta. Here it was continuous with the small bowel, the visible and palpable anatomical relationships suggesting those which one is accustomed to see at the duodeno-jejunal junction. The segment of great bowel, which was the sigmoid flexure, was horse-shoe shaped, between ten and fourteen inches long; its meso-colon at the mid point allowed the gut to extend easily to the right iliac fossa, at the upper end running into a very short (if any) mesentery; at the lower into a like meso-rectum. The walls, the diameter, and the blood supply of the segment were of the normal standard.



As an anatomical problem confronting a surgeon in a living abdomen, the condition was sufficiently complex to require careful thought and investigation.

A crude diagramatic representation of the intestinal area is given above.

V.—Accident.

Major accidents result from tram cars, trains, and motor cars. Private J. C. struck by a tram. Scalp wound four inches long transversely at upper edge of forehead. Serious bruising of tissues around the right shoulder joint. Intra-capsular fracture of the right humerus. Fracture of the second and third left ribs, about junction of middle and anterior thirds, puncture of the left lung by one of these. Surgical emphysema followed, the air infiltrating the areolar tissues beneath the deep fascia, as high up as the angles of the lower jaw, as low as the left costal margin, to the mid-sternal line anteriorly, and the line of the vertebral spines posteriorly. Bruising and laceration of the soft tissues in front of the right wrist joint. In the course of healing the tendon of the palmaris longus muscle was exposed and sloughing, but the anterior annular ligament remained intact, saving the flexor tendons of the fingers from injury. He made an uninterrupted recovery.

VI.—Suicide.

Private H. L. Alcohol, romance, and chivalry are here mixed. The first in that when worshipping Bacchus he committed the act; the second and third in that he chose his commanding officer's sword to do the deed, attempting to effect it by resting the hilt on the ground, directing the point towards his heart, then pressing his chest against the glistening steel. The result was a punctured wound in the sixth intercostal space below and to the outer side of the apex of the heart. The skin opening was one half of an inch in width. The weapon pierced deep enough to just touch the lower lobe of the left lung, about one inch. Some air bubbled from the wound with respiration, and a small area of emphysema ensued. There was no collapse of the lung.

The first urine passed in hospital was almost all blood. The sword point had not gone anywhere near the left kidney. The blood disappeared, and the urine became healthy. His recovery has been without incident.

THE APPENDIX AND THE GENITO-URINARY APPARATUS.

By **J. Lee Atkinson, M.R.C.S., L.R.C.P.,**
Birchip.

In the issue of this journal for November 28, 1914, Dr. Gordon Shaw published his conclusions on a series of cases where chronic appendicitis simulated a number of other organic abdominal lesions. No mention was made of the genito-urinary apparatus, for the reason that in these organs the disease is real and is not a simulated condition.

It seems more than probable that the appendix, with the large quantity of lymphoid material in its walls, acts as a factory for the toxins produced by the *bacillus coli communis*, and that it is the toxæmia produced from this source that gives rise to many of the conditions usually ascribed to *malaise*, so often met with in practice. That these conditions are so often relieved by appendicectomy, and that the appendix is afterwards proved to be the seat of chronic inflammatory changes, proves that this abdominal tonsil gives rise to far more trouble than was hitherto suspected.

The literature relating to infection of the genito-urinary tract with the *bacillus coli communis* is extremely scanty, so that the following cases may be of use as a fair indication of the very obscure symptoms that can arise from this type of infection.

The patient was a male, æt. 37. He was a busy professional man, and all his life had taken an active part in various outdoor sports.

The only point in his past history worthy of note is a very incomplete and unsatisfactory account of some hæmoptysis (?), and it was this fact that complicated the diagnosis. Eleven years ago he was ordered to the country for a change, immediately after a hard season's football with a league team in Melbourne. While in the country he had a bad fall from a horse, and immediately brought up a large quantity of blood, but he is not certain whether he vomited it or whether he brought it up from the lungs. He soon recovered, and consulted a specialist in Melbourne, who assured him that there was no trace of tubercle in the lungs or elsewhere.

Since then he vomited blood on three occasions at intervals of three, two, and two years. On each occasion he only brought up the blood once, and on each occasion it was immediately after some unusual bodily exertion. He was examined every time by a doctor, and they all assured him that there was nothing wrong with the lungs.

At the onset of the present illness, nothing could be detected in the lungs, and he was well built and inclined to slight obesity, so that he presented no signs that would lead to a suspicion of tubercle.

During the four years prior to the time when I first saw this patient, he had been subject to "liver attacks," in which he suffered from headache, biliousness, and languor. These attacks lasted for a day or two and then cleared up; he remained well for periods of about a month or six weeks.

During the previous twelve months, these attacks had been more frequent, and were accompanied by vomiting after meals, which accorded him relief. He did not lose an appreciable amount of weight, but he looked haggard and felt everything, including his work, to be an effort.

On August 24, 1914, he first noticed a slight urethral discharge, which stained his linen. This discharge was not associated with the act of micturition, and was unattended by pain. Its presence worried him, chiefly because he could not account for it. On being questioned, he said that for several weeks before, the urine voided during the night would be thick and malodorous in the morning.

A few red cells, together with leucocytes and numbers of bacilli, which looked as if they might be *bacilli coli communis*, were seen in a smear of the discharge.

He was given a mixture containing urotropine, hyoscyamus, and buchu, with five grain tabloids of boric acid three times a day.

The urine had a Sp. Gr. of 1028, was acid, and neither pus, nor blood, nor albumin, was detected by the usual tests. There were large quantities of phosphate crystals deposited.

At this time I thought that the condition was one of gouty urethritis, complicated by the colon bacillus, and that the posterior urethra was chiefly affected. He gave no history of any sexual differences either then or at any time, before or since.

On the 30th, the condition was the same, but on that day he had evidently had a slight rigor, and began to notice a certain amount of dull pain in the anterior part of the urethra, although this pain was not aggravated by micturition. He described the rigor as giving him a feeling just as if he was in for one of his bad "liver attacks," only it seemed a little more severe and was accompanied by shivering.

Per rectum, the prostate felt normal, except that possibly the right lobe was slightly enlarged. There was no pain experienced anywhere throughout the examination.

The condition grew worse, the discharge becoming more copious, and the pain more severe. The pain was strictly localized to the urethra, although it extended backwards towards the bulb.

On September 11th he went for a long motor trip, and when he returned in the evening, he said that during the drive he had felt a good deal of bladder irritation and a frequent desire to micturate.

The next morning he passed several small clots of dark blood, the size of a pin's head, together with some white threads closely resembling the prostatic threads of a gleet.

For the next ten or twelve days, the condition remained stationary. Some days he would have more trouble and some days less, but on the whole there was not much change.

On the 14th, I sent down a specimen of the urine to Dr. R. J. Bull, of the Melbourne University, who

throughout the case helped me very considerably in the pathological examinations. The report was as follows: "The urine contained pus cells, a few red blood cells, and large mononuclear cells of epithelial type. I did not detect any casts, and no tubercle bacilli or any other micro-organisms. No growths occurred on culture media. The appearance of some of the large mononuclear cells was rather suggestive of tumour of the bladder."

To this I replied that there were no symptoms which could be definitely referred to the bladder, but that all pointed to an infection of the prostatic portion of the urethra, and possibly also the sphincteric region of the bladder, and asked whether the cells referred to could not come from the urethra. Dr. Bull replied: "The large cells referred to are probably not from the urethra, unless from the prostatic portions. They appeared to me to resemble bladder cells, and considering the negative findings generally, I suggested papilloma of the bladder. Simple forms of urethritis, unassociated with gonococci, generally show obvious infection with other organisms. Our results, however, were negative."

On September 24th, Mr. H. B. Devine cystoscoped the patient, and it was found necessary to administer a general anæsthetic owing to the exceptionally sensitive state of the patient's prostate, which could not be overcome by the usual local application of cocaine.

By means of the cystoscope, it was found that the mucous membrane of the bladder had lost its sheen, and that everywhere were large hyperæmic patches.

The right ureter was more inflamed than the left, and was somewhat retracted and "golf-holey," although no pus could be seen issuing from its orifice.

The base of the bladder was injected and hyperæmic, while in the centre of the trigone there was a large ulcer with raised red edges, and just above the ulcer on the surface of the mucosa, there was a smaller flake of lymph.

The mucosa bled readily wherever touched, but not before it had been ascertained that there was no other lesion in the rest of the bladder wall.

Taking into consideration the past history of the "hæmoptysis," the negative report of the pathologist, the haggard appearance of the patient and the cystoscopic findings, it was thought that although the infecting agent might possibly be *bacillus coli communis*, it was more probably tubercle bacillus.

During the next two days, he passed a quantity of blood in the urine, but this was unattended with pain, and otherwise he felt well enough to visit the theatre and a football match before his return.

On his return on the 27th he went to bed, and, as it afterwards turned out, he did not get up again until November 23rd.

During the first few days, the hæmaturia cleared up, and by the 2nd of October the urine was clear, with only a very small clot at times.

During the night of October 3rd, the weather suddenly turned cold, and this sudden change brought about a very severe attack of pain along the urethra and in the perineum. The urine was loaded with blood, and micturition very frequent.

The application of hot bottles and foments relieved the pain, and by the next day he was feeling well again, but very weak. The urine was still a bright red colour.

I sent down a sample of urine on October 2nd, and the following is the report of Dr. Bull on this specimen: "The specimen of urine contained numerous pus cells, and some red blood corpuscles. No organisms were seen in direct microscopical examination, and I obtained no growth on culture media. No tubercle bacilli were detected."

On October 6th he had some very severe attacks of pain in the urethra and in the perineum. The attacks lasted from a half to one hour, and left him bathed in perspiration. The hæmaturia persisted. The urotropine was omitted.

On October 9th he had some further attacks of pain, but there were no tender spots in the abdomen, and the rectal examination revealed nothing abnormal.

He continued in this state for a week, and on October 16th he had another very profuse hæmorrhage, attended with great pain. On this day, for the first time during his illness, his temperature rose, and at night he registered 99.6°.

The report on a specimen of urine taken on that day was: "The urine sample you forwarded contained large quantities of blood, and some leucocytes, but no pus. The only organism growing in culture was an adventitious one (*bacillus subtilis*)."

From this time onwards, the patient grew worse, and became exceedingly anæmic and weak. The attacks of pain were frequent, and lasted for long periods, only subsiding after the administration of morphine and the continuous application of hot foments.

The hæmaturia was excessive, and on one occasion gave rise to the fear that the condition might possibly have been due to a rapidly growing carcinoma of the trigone invading the right ureter.

The pain radiated through the perineum, and at times when an enema was administered, he complained of a pricking sensation as the nozzle of the syringe passed the internal sphincter.

The temperature rose at night, and on one occasion was 102°, but the evening excursion was seldom more than a degree and a half above the morning reading.

For the anæmia, iron and strychnine were exhibited, but he made little progress. He was in too weak a condition to withstand the performance of an exploratory cystotomy, and the hæmorrhage abated very slowly.

On October 29th he passed a large quantity of urine in the morning, containing much less blood, but instead a large quantity of pus.

There was no pain preceding this, and immediately after he had passed it, he began to improve. On the 26th he had complained of pain in the region of the right iliac fossa and in the groin, and this was the only time he ever had any symptom above the brim of the pelvis, and it was probably due to appendical colic.

A sample of the urine containing the pus was sent to Dr. Bull, and he reported thus: "The urine from

your interesting case was alkaline, and contained albumin, phosphates, and mucus, but very few leucocytes. Microscopically, there were enormous numbers of cocci and colon bacilli. The condition suggested a pronounced bacteriuria. I have made a mixed autogenous vaccine containing *staphylococcus albus* and *bacillus coli*, 75,000,000 per minim."

On November 6th he received the first dose of the vaccine, and the dose was two minims, containing 150,000,000 organisms.

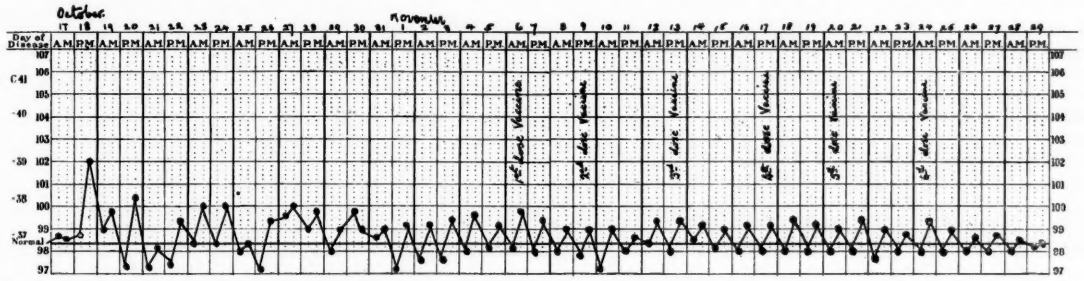
His condition improved. On November 9th he received four minims of the vaccine. The pains were now much less frequent, and not so severe, while his general appearance and condition were improving rapidly. The urine was getting clearer, and contained only traces of blood, although the pus was abundant.

On the 13th he had six minims of vaccine. His condition had improved very much, the anæmia was rapidly disappearing, and the pains were very few. His appetite had returned.

On the 17th he had eight minims of vaccine. The improvement had continued, and he was beginning to question as to when he could expect to be up.

The urine contained practically no blood, very little pus, but there was present a peculiar, brown, transparent, flaky substance, which I have not been able to identify.

On the 20th he had ten minims of vaccine. By this time all trace of the pain had disappeared, the urine was nearly normal, and but for the fact that the evening temperature was still a little over 99°, there were practically no symptoms.



On the 22nd his bed was put on the verandah during the daytime, and he was feeling, as he said, in better health than he had felt for four years.

On the 24th he received his last injection of vaccine, twelve minims containing 1,050,000,000 organisms.

On the 27th he was up out of bed. His urine contained no pus, blood, nor albumin. There was no pain, and no tenderness, and he had not lost any weight.

The illness ended as it began, for the discharge returned for a day or two, but soon subsided, and he is now in perfect health, and, so far as his sensations go, he feels that there is no trace of his complaint remaining.

He is actually better in some ways than he was prior to his attack, since he now sleeps all night, whereas he used to sleep badly, and he has no feelings of lassitude.

The case is of interest, inasmuch as the originating cause of the trouble was the *bacillus coli communis*, although diseases due to other organisms were closely simulated. The acid urine containing pus, but no detectable bacteria, was very suggestive of tubercle, especially taking into consideration the vague past history of the hæmoptysis, whereas the excessive hæmaturia was more suggestive of malignancy in the bladder. Two guinea-pigs were inoculated early in the disease with the centrifugalized deposit from the urine, but neither developed a trace of tuberculosis.

I think the disease began in the prostatic portion of the urethra, and then attacked the prostate, bladder, and eventually the seminal vesicles in that order.

The value of the autogenous vaccine was again proved. Should the "liver attacks" return, I shall remove the appendix, as I am confident that that organ is diseased, and that it was the starting point of the whole trouble, and, further, I am convinced that the patient has been suffering from a bacillus coli toxæmia for years, which culminated in the above attack.

In connexion with this case I wish to acknowledge the great assistance given to me by Mr. H. B. Devine for the cystoscopic examination, to Dr. R. J. Bull for the pathological work, and to Dr. Murray Morton for his valuable suggestions.

I have had another case recently, in which the appendix has been the cause of obscure trouble connected with the urinary organs. The patient, a man, aged 30, has been a shearer and general farm labourer. For the past five or six years he has frequently been ill for a day or two, but has never been able to get any permanent relief from his complaint.

He is tall, thin, and of a sallow complexion. His symptoms are principally those of a "liver attack," and at times these are very much aggravated. On these occasions he has colicky pains in the epigastrium, nausea with occasional attacks of vomiting, pains across the loins, headache and constipation. He also suffers from insomnia during the attacks.

The attacks have been worse recently, and he has noticed that his urine is thick, discoloured, and with a most offensive odour, which he compares to the odour of fæces.

On examination, nothing could be found in the thorax or abdomen, except that on deep pressure over the appendix he experienced a very sharp pain of an excruciating nature which, as he said, brought on all the sensations in the epigastrium and loins, which he has in one of his attacks.

An examination of the urine was negative, but he had not had an attack for three weeks when he saw me.

This is clearly another case of *bacillus coli communis* toxæmia, due to chronic appendicitis, without any definite appendical symptoms (he had already seen four other medical men), and the route of the bladder infection is probably through the wall of the right ureter by direct contact.

Thus it seems that the *appendix vermiformis* is accountable for a further series of ills, and justifies the now common practice of the surgeon removing it as a routine measure in all abdominal operations, as it is merely a menace to the life and health of every body.

Reports of Cases.

AN ENDOTHELIOMATOUS CEREBRAL TUMOUR.

By J. E. Piper, M.D.,
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The following is the history of a case of cerebral tumour, which I have been able to follow for several years.

The patient was admitted to the Eye and Ear Hospital, Melbourne, in March, 1913. He gave the following history:—The sight in his left eye had been failing for two months. The right vision was beginning to fail. He had severe headaches and some vomiting. Occasional fits(the nature of which was not defined, had occurred. During the two months previous to admission he would lose his memory for half an hour at a time. There was a history of syphilis 12 years previously, for which he had been treated during a course of 18 months. He had had gonorrhœal rhenmatism 14 years previously.

Examination:—V.R. 6/6 V L 6/18
R. disc blurred;—blood vessels, engorged.
L. disc not visible; retinitis.
Urine, normal. Peripheral reflexes not perceptibly changed.

Diagnosis:—Optic neuritis (right side), neuro-retinitis (left side).

The patient was given mercurial inunctions, with iodide of potassium 3i on the assumption that the case was one of gumma of the brain. As the patient got steadily worse, a decompression operation was performed on April 2, 1912. The site was in the right fronto-temporal region. The mercurial and iodide treatment was still continued. The patient's mental condition was markedly disturbed, and he was violent after the operation, but gradually became quieter. The subsequent history was as follows:—

On 2/5/12—R. 6/5 L 6/6.
16/5/12—Patient discharged.
15/7/12—Last date of attendance at the Eye and Ear Hospital.

In May, 1913, while acting as surgical registrar to the Melbourne Hospital, I admitted the patient to the surgical wards of that institution. He then complained of a lump on the right side of his head, which had been there since the previous operation (cerebral hernia). He had pain in the lump, and experienced difficulty in obtaining employment on account of his disfigurement. He complained of no weakness in his limbs, and there was no peripheral neurological signs except that his sense of localization of touch was not quite accurate. He had no sense of smell, and had not had any since the operation. He stated that he could smell before. He had felt well since his operation.

On examination, a large globular swelling the size of an apple was seen on the right side of his head, just external to the external angular process, a scar running across the convexity. The tumour was slightly tense with pulsation, and the edges of the bone could be felt at the base. The contents were fluid to the touch. When tapped with a fine needle blood was withdrawn. Dr. Barrett found his eyes normal. The patient was a big powerful man, and seemed capable of great physical exertions. He was thought to have a glioma, but was given larger doses of iodide of potassium, in the hope that the condition was due to a gumma. Some days later the patient was discharged for swearing at the nurses, and for objectionable behaviour.

His next appearance was in the Geelong gaol, whence he was eventually transferred to the Geelong Hospital, and quartered in the Benevolent Asylum attached to that institution. He received there nothing but general constitutional treatment. He still retained his strength, and his bad temper, and the other inmates were a little frightened of him. There was apparently no interference whatever with his pyramidal tracts. After a while he began to weaken, and stayed in bed a lot, but never showed any signs of paresis. He died somewhat suddenly in the end.

Autopsy.—A tumour was found growing from the meninges over the lesser wing of the sphenoid, which structure was greatly thickened by a productive osteitis. The tumour was rounded, discrete and firm, and did not invade the brain substance. It was situated mainly under the left frontal lobe, but encroached a little on the right. It could have been removed quite easily by an approach similar to Frazier's approach to the pituitary fossa. The hernia contained soft cystic brain matter. This hernia had decreased greatly in size during the last two days of the patient's life. The tumour was pronounced by Dr. Wilson, of the Melbourne University Pathology Department, to be an endothelioma.

Reviews.

CHEMICAL PHYSIOLOGY.

Text books on chemical physiology are prone to be stereotype and to teach half truths and even fallacies. It is for this reason usually impossible to learn the chemistry of the human body, or at all events as much of it as is known, from books of this description. Dr. Cramer has evidently realized the importance of teaching students physiological chemistry as well as chemical physiology, and is not content that they should acquire sufficient knowledge to pass them through the examinations. The publication of his directions[1] for a practical course in this science is not only useful, but in our opinion it places within the reach of the teacher exactly what is wanted. This publication is what its title represents it to be. The directions which the student and the medical practitioner, who is anxious to keep himself up-to-date with modern science, receive are so carefully thought out and formulated, that by the time the 174 experiments have been worked through, more than a smattering of real chemistry must have been acquired. The form of question put with each experiment is highly suggestive, and the stimulus to thought, the avoidance of pitfalls, the multiplicity of tests and the directness of the teaching are all of a nature to lend additional value to the book. Dr. Cramer has devised a student's course which is essentially practical, and which will certainly be adopted by teachers who have hitherto followed the more usual methods of imparting physiological-chemical knowledge with the usual unsatisfactory results. The book is not exhaustive; a few matters have been omitted, but inasmuch as the second edition has appeared within 9 months of the first, we anticipate that these will appear in one of the future editions. We can recommend these directions to every University demonstrator and lecturer, and are convinced that within a short time, every student will be in possession of a copy and learn physiological chemistry from this fascinating book, to his material advantage.

(1) Directions for a Practical Course in Chemical Physiology, by W. C. Cramer, Ph.D., D.Sc., Royal 8vo., Second Edition, 1915. London: Longmans, Green & Co.; Melbourne: George Robertson & Co. Proprietary, Ltd., pp. 102. Price, 3s.

The Medical Journal of Australia.

SATURDAY, APRIL 17, 1915.

The New South Wales Variola Epidemic.

Familiarity is said to breed contempt, and if this is applied to medical matters, it may be interpreted to mean that a mild disease usually fails to attract serious notice if it has remained epidemic long enough. Further, it is a daily experience that men are apt to grow indifferent to a danger which is frequently or constantly present, and after a time to neglect precautionary measures which they adopted when the danger was new. Both these considerations may be applied to the epidemic of variola, which gained a foothold in New South Wales in 1913, and is not yet stamped out. The public and even the medical profession appear to be growing accustomed to the presence of small-pox in the State, and in view of its present mildness, to regard it as more or less unimportant. At first the population was anxious to avail itself of the proferred vaccination, but since the danger has continued for so long a time, this one potent prophylactic measure is no longer sought after as a means of attaining safety.

A short time ago, we sought for evidence of the exact nature of the outbreak. In the meantime, the publication of the Annual Report of the Department of Public Health, in which a detailed account of the cases, epidemic and laboratory investigation undertaken in this connexion by the Government Bureau of Microbiology is contained, supplied a great deal of the information. In the present issue a short account is given of the discussion on this epidemic held at the Royal Society of Medicine in London. At this meeting, the two papers now published in the Department's Report were read as a basis for discussion. From this additional evidence, there can be no further doubt as to the nature of the disease which has been epidemic since 1913 in New South Wales. It is variola, or a disease so like it that it is quite safe to assume the identity of the causal virus. The diseases variously known as variola, alastrim, and amaas are in all probability identical, although the virulence of the organism in the two last mentioned is considerably diminished.

If it be true, and the evidence certainly appears to be convincingly strong, that the New South Wales disease and the South American affection are in reality attenuated forms of variola, the question is at once raised whether heightened virulence may be anticipated. Dr. C. J. Martin, the Director of the Lister Institute of Preventive Medicine, expressed the opinion that variola, alastrim and varicella were diseases of common parentage. The mutational changes in bacteria and protozoa appear to be more or less permanent, and in those cases in which a common ancestry may safely be assumed, such as the large group of colon bacilli, the group of the acid-fast bacilli, and perhaps the diplococci, atavistic changes do not tend to appear. On the other hand, laboratory experience has demonstrated quite clearly that attenuation of an organism is a variant, which is quite unstable, and that the virulence can be increased or diminshed at will by passage through certain types of animals. In the case of small-pox, the problem is further complicated by the introduction of the virus of vaccinia. A curious point at law was raised a short time ago in Melbourne, as to whether vaccination with lymph which was said originally to have been derived from variola, notwithstanding years of passage through calves, can be regarded as inoculation with variolous material. The Court (see page of this issue) did not have to give a decision on this technical point, but dealt with the responsibility of the parent in regard to the vaccination of the child. If cow-pox is merely variola in calves, just as bovine tuberculosis is merely tuberculosis in cattle, and the attenuation is due to the effect of the species on the virus, then the attempt to distinguish the two diseases must fail. There is every reason to accept this view. In the first place, the biological reaction is more than presumptive evidence. Vaccine, i.e., the virus from a case of cow-pox, protects strongly against variola. In the next place, the disease induced in calves by repeated passage of human variolous material tends to approximate vaccinia more and more. Lastly, the virus of both is held back by a fine porcelain filter, and yet is readily passed through a coarse clay filter. The contention that the virus of vaccinia

and that of variola are identical, but of different virulence, may therefore be regarded as justified. The same arguments will hold good in regard to the Sydney disease, to alastrīm, and to variola.

These conclusions should therefore lead the legislator to take serious and immediate steps to control the epidemic and to protect the community against a fresh outbreak. The danger of a change in virulence cannot be disproved, and must be provided against. Nothing short of compulsory vaccination and re-vaccination will suffice. The responsibility of the Department of Public Health incurred by neglecting to take these efficacious preventive means to stamp out the disease and to keep it out of the State is a serious one.

AN ACTION AGAINST A SURGEON.

Actions for damages on account of alleged negligence in the treatment of disease against a medical practitioner are fortunately rare. On occasions these actions are well founded, and the practitioner is lucky if he is successful in defending himself. But in the large majority of the cases, the plaintiffs are induced to take action on a misconception of the real state of affairs, and they are often unable to form a reasonable opinion of the facts because of the grief caused by the loss of someone near and dear to them. In an action which was concluded on April 7, 1915, at Perth, Dr. H. G. Tymms, an honorary Surgeon at the Perth General Hospital was called upon to defend himself against a charge of negligence in the treatment of a case of ruptured ectopic gestation. An unfortunate occurrence formed the basis of the action. In spite of the fact that the sponges and swabs were counted by the nurse at Dr. Tymms' request, and the proper number said to have been present at the termination of the laparotomy, a large swab was discovered in the abdomen *post mortem*. No one attempted to explain the fact. It is very easy to criticize this accident, but when a surgeon is called upon to deal with a serious case, and more especially when the patient is desperately ill at the time of the operation, and every minute on the operation table is an addition to the risk, the leaving of a sponge, pad or swab in the abdomen is more often an accident than a sign of negligence. Dr. Tymms took the ordinary precaution to assure himself that his sponges, etc., were removed and safe in the nurse's hands, and then proceeded to suture the wound. A short time after, the patient had a recurrence of hæmorrhage, and was practically *in extremis*. In order to give her the last chance, he re-opened the abdomen, and re adjusted some of the sutures, which he considered might have been loosening. The second operation failed and the patient died. It is with satisfaction that we learn that the jury decided that there was no negligence on Dr. Tymms' part, and the action was therefore dismissed. An abstract of the evidence will be published in next week's issue of the *Journal*.

The case is important, and the result equally so. If a surgeon could be mulcted in damages after exhibiting skill, care and knowledge in the treatment of a dangerous condition, merely because an unfortunate accident had occurred, no man would dare to perform a laparotomy in an acute case. In the present instance, it was not contended that the foreign body even contributed to the fatal issue. Surgeons of the highest repute have been the victims of this accident, and various devices have been invented to render its occurrence impossible. As long as surgeons are human, it will be impossible to prevent it altogether, although the usual plan of requiring a special nurse to count aloud the sponges, etc., before and after the operation, so that the surgeon may convince himself that he had removed every one before he closes the abdomen, has been effective in reducing the number of these accidents to a minimum. The Perth jury has proved itself to be more reasonable than juries usually are.

GUARANTEE OR WARRANTY.

The Premier of New South Wales, on the advice of the Department of Public Health, in endeavouring to abolish the general guarantee label required by the provisions of the Pure Food Act. It is pointed out that the impression conveyed to the public by this label is that the Government guarantees the food or drug contained in the package to comply with the description given to it on the out side of the package. This is not the case. The label is a sort of warranty given by the manufacturer or exporter to the importer, that the contents are what he represents them to be. If the Government discovers that the label is a false description, the goods are impounded and the products of the firm ex-

porting from abroad into the Commonwealth are subjected to rigorous control. But the Federal authorities do not undertake to examine a sample from every consignment.

In England the case is perhaps more striking. Every patent medicine must bear a duty stamp issued by the excise. The stamp, being a Government stamp, is utilized by many vendors and manufacturers as a guarantee of approval of the Government. Although it has been rendered illegal to publish words to this effect, this used to be done, and even now the public is led indirectly to swallow both the contents of the package and the lie. The customs department acknowledged that the only interest the Government had in the contents of these packages centred around the value placed by the manufacturer or vendor on them. In the case of the foods and drugs imported into the Commonwealth, there is need of a label which would be regarded as a warranty to the Government, and not to the public. Any suggestion that the Government is prepared to guarantee the purity and soundness of the contents should be rendered illegal, and the label should bear a clear statement that the manufacturer guarantees to the Federal Government of Australia that the contents of the packages are comprised of named constituents. This enactment might be of considerable use if the provisions were extended to drugs and patented or secret preparations manufactured or concocted within the Commonwealth. As matters stand, it fails to achieve a useful purpose.

NURSES AT THE FRONT.

It is reported that the remuneration of the nurses at the front has been reduced from two guineas a week to half that amount. The reduction has been made at the instance of the Red Cross Society, and has the sanction of the War Office in London. The ostensible reason for the reduction is the protracted duration of the war. It is not surprising to learn that no complaint has been voiced aloud by the nurses on active service, although the representatives of the nursing profession have uttered a protest. The nurses themselves have taken up this work from the purest of pure motives. Patriotism, a deep sense of pity for the wounded, a craving to help, these are the sole reasons why so large a number of good women have sacrificed peace of mind, position, everything, without a thought of rates of pay or future employment. The idea of excitement may play a part in impelling some men to volunteer, but we are convinced that with the nurses this has not been the case. It must also be remembered that even the best paid nurses do not become rich in public or private practice, and the original rate of pay was a moderate one for ordinary service, and certainly a poor one for the work on hand. Since the nurses are not likely to protest against this unfair and niggardly action, others must do so. We trust that the British Medical Association in England will collaborate with the British Nursing Association and stir up public opinion until the original sum of two guineas a week is restored to the noble women who do so much without any noise or self-advertisement.

THE SWISS INFORMATION BUREAU FOR THE PURCHASE AND SALE OF WARES.

A bureau has been established in Zurich for the purpose of placing at the disposal of those interested information in regard to industrial, agricultural, and other Swiss products. The bureau will be in a position to advise persons of all countries in regard to the reliability or otherwise of Swiss firms and their wares. It is suggested that it may serve a useful purpose for the medical profession in regard to chemicals, drugs, proprietary preparations, therapeutic institutions, spa establishments, etc. The bureau undertakes to effect purchases, and to act as agents generally, and the Central Swiss Exhibitions Department has made arrangements whereby the expenses incurred will be defrayed out of Federal funds. While all information will be given gratuitously, the bureau reserves itself the right of requiring correspondents to defray out-of-pocket expenses in cases in which the enquiries are of an exceptional nature. Further particulars can be obtained from Le Secrétaire Général, M. Boos-Jegher, Zurich (Metropole), L'Office Central Suisse pour les Expositions, Switzerland.

Dr. Eugen Neumann, of Manildra, New South Wales, has been unsuccessful in an action for libel against the Editor of the *Orange Leader*. The paragraph complained of included a statement that a certain "doctor, being a German, had not passed a single candidate as fit to take up arms against his countrymen, which is, to say the least, only to be expected." Dr. Neumann, who is of German parentage, was naturalized in 1905. He failed to show that the publication of the article had done him material injury, the defendant claiming that the falling off in his practice was due to his nationality and not to the publication complained of. Dr. Neumann stated that he had been removed from his position of Government Medical Officer, on the ground that he had refused to honour the loyal toasts at a banquet. He denied the truth of this accusation. In the speech for the defence, it was pointed out that Dr. Neumann's name had not been mentioned, that the article was written from a high sense of public duty, that personal malice did not enter, that no attack had been made on the plaintiff's character, and, finally, that there was nothing libellous in the article. The jury gave a verdict for the defendant.

THE LINNEAN SOCIETY OF SYDNEY.

The Annual Meeting of the Linnean Society was held in the Society's Hall, Elizabeth Bay, Sydney, on March 31, 1915, Mr. W. S. Dun (the President) in the chair.

In the course of his remarks, the President announced that Dr. J. M. Petrie, Mr. E. F. Hallmann, Mr. W. N. Benson and Mr. R. J. Tillyard had been appointed to the Linnean Macleay Fellowships on October 1, 1914. The first three held these Fellowships the previous year. The Society congratulated these gentlemen on their appointment. He stated that in ten years' time the Society would celebrate its jubilee, and it was anticipated that the President in the year 1925 would be in a position to announce that, thanks to the foresight and liberality of Sir William Macleay, approximately £35,000 had been spent on salaries of scientific investigators by the Society, and on the publication of their results. In addition, the Society's bacteriological laboratory was a great asset.

The President for the year 1915-6 is Mr. Alexander G. Hamilton.

An abortionist, named Robert Bruce, has been convicted at the Criminal Court, Perth, of the murder of Doris Chandler, aged 19 years, upon whom he performed an illegal operation. The unfortunate woman died, and Bruce was arrested on the charge of murder. The trial took place on April 8, 1915, and the prisoner was sentenced to death. He was sentenced to five years' imprisonment for having procured abortion in the year 1893, and to seven years for the same offence in 1903.

Abstracts from Current Medical Literature.

OPHTHALMOLOGY.

(119) The Efficiency of the Eye under Different Systems of Lighting.

Ferree has undertaken to determine (*Ophthalmology*, July, 1914) (1) the lighting conditions that give in general the highest level or scale of visual efficiency; (2) the conditions that save the least loss of efficiency for continued work; (3) the conditions that cause the least discomfort. The most important points in lighting systems are the distribution of light and surface brightness in the field of vision, the intensity, and the quality. The most favourable condition for accurate fixation and accommodation is to have the field of vision uniformly illuminated, with no extremes of surface brightness. The four types of lighting in common use are daylight, direct lighting systems, indirect lighting systems, and semi-indirect systems. Proper illumination by daylight gives the best conditions of distribution, and next in order is the indirect system, where the source of light is hidden, and reflected into the room. Less efficient are the direct and semi-indirect systems through faulty diffusion and lack of shielding of the eye from the light source. The eye discomfort from faulty illumination is largely muscular, due to the reflex tendency for the eye to fix distant points of light falling on the periphery of the retina, and to accommodate for them. Hence muscular fatigue. The tests proved that a wide range of intensity was permissble for daylight or the indirect system; for the semi-indirect system there was a heavy fall in efficiency above or below 2.2 foot-candles. For the direct system no intensity could be found for which the eye did not lose efficiency as the result of work. Thus distribution is more important than intensity, and as a rule the intensity used is too high. The effect of quality of light is still *sub judice*; so far white light appeared to be better than coloured light.

(120) Operation for Ptosis.

Clairborne describes an operation for ptosis which is a modification of those of Hotz, Eversbusch, de Grandemont, and Gruening (*Ophthalmology*, July, 1914). A straight incision is made 3-4 mm. from the free edge along the lid. The two ends of this incision are connected by an elliptical incision, the highest point of which is from 5 to 8 mm. above the first. The skin is removed, and the tarsus exposed. A piece of tarsus, including the conjunctiva from 12 to 15 mm. in length and 2 to 3 in breadth, parallelogram in shape, is removed at a distance of 3 to 4 mm. from the inferior cutaneous lip. Five stitches are used, a central and four lateral ones, the central stitch being of slightly stouter thread. The central stitch is passed through the centre of the lower skin wound, about 2 mm. from the edge. It is next inserted into the tarsal-orbital fascia (that is above the fenestra in the tarsus), and lastly through the upper lip of the skin wound 2 mm. from its edge. The needle must be grasped anew for each step, or the result is not obtained. The other lateral stitches are inserted in a similar way, and the ends tied. The author considers this operation the simplest, easiest and quickest to perform, as well as giving the best cosmetic and practical results.

(121) Ocular Anaphylaxis.

Schoenberg (*Ophthalmology*, October, 1914) gives credit to Richet and Portier for the first description in 1902 of the phenomenon of anaphylaxis. Richet defined anaphylaxis as a condition in which the cells of an animal organism are so modified by their first contact with a heterogenous albumin as to react with greater intensity when the same organism is confronted a second time with the same heterogenous albumin. The heterogenous protein must be introduced intravenously or subcutaneously (parenteral) and not through the stomach or intestines. Extracts of various tissues of the eye have been used with success as antigens in the production of experimental anaphylaxis. The effects of uveal extracts leads to the study of sympathetic ophthalmia. There is evidence that anaphylaxis may be produced without the parenteral introduction of foreign albumin—this is called auto-anaphylaxis. The reaction of tuberculous patients to small doses of tuberculin is an example of anaphylaxis; other examples are the so-called serum disease, hay fever, urticaria, eclampsia, and probably interstitial keratitis, phlyctenular keratitis, sympathetic ophthalmia, and some inflammatory reactions following ophthalmic operations. The author's experiments on rabbits were carried out to establish the answer to these main questions: (1) Does the eye participate in the process when the entire organism is in a state of anaphylaxis? (2) Can the entire organism be sensitized by the introduction into the eye of a heterogenous albumin? (3) Is it possible that a state of anaphylaxis should occur in the animal body without the introduction of a foreign albumin? (auto-anaphylaxis). The first rabbit had three preparatory injections of the serum of a patient with interstitial keratitis. The first was intravenous, the second sub-conjunctival, and the third intravenous. Twenty-two days after the first injection a few drops of the same serum were injected into the parenchyma of the cornea of one eye, and 36-48 hours later an interstitial keratitis developed which took about ten months to clear up. Eighteen rabbits were experimented upon after this manner, some of the experiments being of the nature of controls. It seemed that the intravenous injections of the serum sensitize the eyes in rabbits, and that the second injection in the ocular tissues readily produced local anaphylaxis symptoms. Tubercular injections were made, following an identical plan. The author does not regard these experiments as being conclusive.

(122) Impaired Vision following Gastro-intestinal Hæmorrhage.

Grout's patient (*Archives of Ophthalmology*, May, 1914) was a man 66 years of age, who, two years before, after severe abdominal pain, had vomited blood, and passed blood at stools for three days. He was removed to hospital in an exsanguinated condition, and ten days after noticed the failure of sight, which had remained unaltered. On examination his right vision was $^{3}/_{200}$, and the left $^{15}/_{200}$. Of the right visual field there only remained a superior temporal sector; of the left, the upper half was wanting, the lower normal. There was pallor of both discs, and blocking of several small retinal arteries. Near the disc were seen several yellow patches. The condition is rare. Up to 1901 only 198 cases had been reported. Various defects have been described in the visual field. In 20% there was concentric contraction, and in 10% a homonymous hemianopsia. The lower field was lost in 23%, and in 13% a central scotoma was found. Holden's opinion, founded on experiments on animals, was that the retinal ischæmia produced a degeneration of the ganglia cells.

(123) Subjective Examination of the Pupillary Reflexes.

Gradle, of Chicago (*Archives of Ophthalmology*, July, 1914), does not claim originality in describing the subjective examination of pupillary reflexes. It can be used only in patients of some intelligence. One eye is closed, and a biconcave lens of 30 or 40 diopters is held in front of the other. A light, about 15 feet from the patient is switched on. Through the lens the patient sees a circular disc of light which immediately contracts. This disc is merely the image of the divergent rays passing through the lens, and bounded by the pupillary edge of the iris. To test the consensual reaction, the closed eye is uncovered as soon as the contraction is seen, when a further contraction will be noticed by the patient.

(124) Elliot's Operation for Glaucoma.

N. H. Goodenaw (*Ophthalmology*, January, 1915) reports a case of glaucoma cured by Elliot's trephine operation. The patient had suffered from the prodromal symptoms for a long time, and there was marked loss of vision and severity of objective and subjective signs. The iris was atrophic, immobile, and widely dilated. Before the operation the vision of the left eye was $^{3}/_{30}$, not improved by correction, while after, with correction, it was $^{6}/_{7\cdot5}$.

LARYNGOLOGY AND OTOLOGY.

(125) Perez's Bacillus and Ozæna.

In 1899, Perez described his *coccobacillus foetidus ozaenae*, which he re-

garded as the causal organism of ozæna. He stated that it was pathogenic to guinea-pigs, mice, pigeons and rabbits. On intravenous injection into rabbits, whether the infection resulting be acute, sub-acute or chronic, an intense nasal secretion is produced, the nasal mucosa is hyperæmic and often hæmorrhagic, and the bacillus can be recovered in pure culture. This work did not find favour with rhinologists until 1913, when Perez again claimed that the organism was pathognomonic of ozæna, and that it also affected dogs, inasmuch as it was normally present in the nasal cavity and during an attack of distemper, it increased in quantity. J. P. McGowan (*Journ. Laryng., Rhinol. and Otology*, February, 1915) points out that if a large number of cases of ozæna were due to infection from dogs, it would be expected that those who associate freely with dogs would suffer more than others from this affection. This is not the case. He gives experimental evidence in support of the contention that Perez has confused his cocco-bacillus with the organism of distemper, and proved that there are morphological and cultural differences between these bacteria. While he does not deny the possibility that ozæna may be due to Perez's bacillus, he holds that further evidence is required before it can be accepted that this actually takes place.

(126) Otogenic Cerebral Abscess.

G. B. Jobson (*The Laryngoscope*, January, 1915) reports a very unusual case of otogenic abscess of the brain and thrombosis of the lateral sinus, in which the ocular symptoms led him astray. The patient had had a foul discharge on the left side since childhood. The left tympanic membrane was absent, and bare bone was detected in the roof of the middle ear. Severe, constant pain was complained of, and the mastoid was tender. The temperature was raised. The mastoid operation was performed, and slight necrosis was found. A sinus was traced through the *tegmen antri*, and on the left lateral sinus being exposed, a perisinus abscess was opened. The sinus itself was not thrombosed. Four days later, as the temperature again rose, the lateral sinus was re-exposed, but no pathological signs found. The left jugular vein was found to be thrombosed, and was excised. At first she improved, but later on her temperature again became raised. She became dull, and ophthalmoscopic examination revealed chocked disc. On the following day, the eye was chemotic. Later there was proptosis, œdema of the lids developed and the media became hazy. The right eye was normal. Optic neuritis was detected. The skull was trephined 1¼ inches above the left meatus. The dura bulged, but was normal in colour. No pus was found on exploring the brain. The patient did not rally, and died a few days later. At the autopsy, the left side of the brain was found to be normal, but an abscess of the size of a hen's egg was found in the right temporo-sphenoidal lobe. The pus was greenish and fœtid. The left optic nerve showed signs of inflammation. The right ear was normal. In discussing the ocular symptoms of cerebral abscess of otitic origin, the author points out during the inflammatory stage no optic neuritis is present and the pupils react to light and accommodation. In the early stages of suppuration, optic neuritis develops rapidly, and is perhaps more apparent on the diseased side. Chocked disc is more frequent in cerebellar abscess than optic neuritis. In the late or toxæmic stage, the optic neuritis may be intense, the pupils are quite insensitive to light, and are either contracted, unequal or dilated. If they are unequal, the abscess is more often situated on the side of the more widely dilated pupil. If both are widely dilated, the abscess is usually large. Uhthoff has recorded a case in which the optic neuritis was on the side away from the abscess. No other author has described this occurrence, as far as Jobson is aware.

(127) Tracheal Tumour.

J. Adam (*Journ. Laryng., Rhinol. and Otology*, February, 1915) records the case of a woman, who had symptoms pointing to a tumour of the trachea. There was profuse expectoration, consisting of mucus, pus and blood. No tubercle bacilli were found, the von Pirquet test proved negative, and the temperature was normal. The patient's general condition was good. A radiogram revealed some interlobular thickening of the right lung. Bronchoscopy was resorted to, and a small, bleeding tumour was seen just above the right bronchus. Under local anæsthesia the tumour was removed, partly by snare, and partly by punch, and the base thoroughly cauterized. The tumour proved to be an epithelioma, with plentiful formation of cell-nests. A short time later, after the patient had recovered to some extent from a pneumococcal rhinitis, the wound was reopened and radium treatment applied. The longest exposure lasted over twelve hours. After the reactionary slough had come away, the patient was considerably relieved. The tumour, however, recurred, and the patient died, probably from metastatic growths, five months after the operation. Adam deduces from this and another case in which radium was successful, that in slow growing, malignant tumours, radium is useful. He quotes from the literature on the subject.

(128) Sarcoma of the Nose and Nasopharynx.

A. Dighton (*Brit. Journ. Surg.*, January, 1915) records a rare case of sarcoma of the nasopharynx, and deals with the subject of sarcoma of the nose and of the nasopharynx in some detail. His patient was a woman, aged 57 years. She complained of a lump on the left side of the neck, which she had noticed for six months. The only subjective symptom was a feeling like a thread in the throat. On examination, a large lump was plainly visible, high up on the left side of the neck, in the line of the carotid vessels. It was freely moveable and not tender. The left side of the palate was markedly infiltrated, the tonsil swollen and hyperæmic, and a large tumour could be seen occluding the pharyngeal orifice of the Eustachian tube. With a recently observed case of sarcoma of the nose in memory, the author made the same diagnosis, and qualified it by supposing that the soft palate and glands of the neck were involved. He performed his sub-labial lateral rhinotomy, and, in addition, removed a wedged-shaped section of the upper jaw and palate. After the operation was completed, he noticed that what he had supposed to be a gland had prolapsed into the throat. He packed the naso-antro-pharynx, and a short time later proceeded to remove the mass, which turned out to be the primary tumour. Its delivery was extremely difficult. It was attached to the basal process of the sphenoid and the basilar process of the occipital bone, and was apparently encapsuled. It weighed 4½ ounces. Its microscopic structure was that of a round-celled sarcoma. The patient did well, save that a septic bronchopneumonia developed ten days after the operation. In dealing with the whole subject, he gives the following details on the basis of 60 cases of sarcoma of the nose and 23 cases of sarcoma of the nasopharynx. In two cases of the former, the patients were under 10 years of age, 11 were between 10 and 20, 10 between 21 and 30, 6 between 31 and 40, 16 between 41 and 50, and 11 over 50. Males were more often affected than females. The tumours arise most frequently from the ethmoidal labyrinth and the turbinals, and not infrequently from the septum. The round-celled type is the most common. The symptoms are nasal obstruction, at times epistaxis, rarely pain, save in the late stages, and often deformity. The growth usually has the appearance of a fleshy polyp. The diagnosis of sarcoma should be taken into account when a tumour of the nose is growing rapidly, especially if epistaxis is frequent. In sarcoma of the nasopharynx, the age incidence is spread over the whole of life. Two patients were under ten, while one was over fifty. Males are more frequently affected than females. It is extremely difficult in many cases to determine the point of origin, but it appears as if the base of the sphenoid and the basilar process of the occiput is common, and that the palate is implicated early. The symptoms are those of nasal obstruction, epistaxis and nasal discharge. Deafness may be present in tubal variety, due to pressure on the orifice of the Eustachian tube. Glandular involvement is rare, save at a late stage, and pain is not met with early.

SMALLPOX IN NEW SOUTH WALES.

In the section of Epidemiology and State Medicine of the Royal Society of Medicine (London), the articles published in the 1913 Annual Report of the Department of Public Health of New South Wales, by W. G. Armstrong, M.B., Ch.M., D.P.H., and by J. Burton Cleland, M.D., Ch.M. and E. W. Ferguson, M.B., Ch.M., on the small-pox epidemic of New South Wales, were read in the absence of the authors. The articles are reproduced in the Transactions of the Section. A discussion followed the reading of the articles. (See *Proc. Roy. Soc. Med.*, December, 1914, Section of Epidemiology and State Medicine, pp. 1-40).

Dr. C. J. Martin, the President of the Section, expressed the opinion that the Sydney epidemic was identical in nature with the disease prevalent during recent years in Brazil, and locally known as alastrim. He thought that the disease variola, alastrim and variola might be presumed to be of common parentage, and to have become differentiated, and at present breed true.

Dr. E. W. Goodall did not agree with the opinions which had been expressed in some quarters that the New South Wales epidemic was some disease other than small-pox. The two principal arguments against its identity with small-pox have been the mildness of the attacks and the low infectivity. But no one who has made a study of the history of epidemic disease would attach much importance to those arguments. He quoted the case of Brill's disease, which, though clinically indistinguishable from typhus fever, was held to be a separate disease on account of its mildness and low infectivty. Further clinical and experimental evidence, however, had shown that Brill's disease was nothing more nor less than typhus. Another point of interest was the relation between malignancy and infectivity. The Sydney epidemic might be cited in favour of the view that these two factors varied directly with one another, and that the more highly infectious a disease was, the more it was likely to afford a high proportion of severe and fatal cases, but that proposition could not be sustained in the light of past experience. He was inclined to believe that bacterial organisms were furnished with two quite separate powers, that of infectivity and that of injuring. The Sydney epidemic was another proof that there was a very mild form of small-pox abroad in the world at the present time.

Dr. Culpin stated that he had had some experience of the epidemic, and that the question of the identification of the disease was not an easy one to answer. The patients were not ill after the prodromal symptoms had passed off. In regard to the distribution of the rash, he said that the inside of the upper arm and the part of the chest wall in contact with it were usually unaffected; the bare area behind the ear did not often escape, and there was a special predilection for the nose. The abdomen was lightly affected, and in many cases the rash was most marked on the extremities. He had read descriptions of the disease called alastrim, and it seemed as if the New South Wales disease was identical with it. If alastrim and small-pox were identical, a chance of type from what a most benign disorder should be expected sooner or later.

Dr. G. S. Buchanan thought the Sydney disease must certainly have been small-pox. It was noteworthy that there was a simultaneous increase of chickenpox in Sydney, and that no instance of cross-infection had been quoted in the papers under discussion. He saw nothing in the Sydney reports or in the present occurrence of this milder type of small-pox to give any security that it will not be followed or accompanied by new epidemics of a more virulent type, one which was more severe to the unvaccinated and more infective.

Drs. J. C. McVail and C. K. Millard discussed the papers from the point of view of vaccination and infectivity. The former pointed out that epidemics of a mild type of small-pox were recorded even in Jennerian times, and that this type, or at least one approaching it in virulence, had occurred not long ago in Leicester and the midlands of England. It was an interesting question whether mild small-pox was more or less to be feared than severe small-pox as a means of conveying the disease. On the one hand severe small pox was more likely to be diagnosed and to be subjected to early isolation; on the other hand, mild small-pox, even if undiagnosed, had much less power of infection. His own view was that the balance of advantage lay decidedly with mild small-pox. In connexion with the low degree of infectivity of mild small-pox, no distinction could, he thought, be drawn between natural mildness and the mildness artificially resulting from vaccination. The former, however, would breed true, and any resulting cases would be mild, while small-pox of which the mildness was due to vaccination was liable to produce a severe attack in the unvaccinated. Concerning the value of success or failure of vaccination as a test of susceptibility or insusceptibility to attack by small-pox, it was necessary to exercise caution. There might be susceptibility to vaccination, though the individual was immune to small-pox. After vaccination susceptibility to revaccination generally returned earlier than vulnerability to small-pox infection.

Dr. C. K. Millard was a little surprised that so much doubt should have been felt during the early stages of the epidemic as to the nature of the disease, seeing that the clinical symptoms differed little except in their extreme mildness, from those present in mild outbreaks of small-pox. Probably the belief inculcated in text books that small-pox in the unvaccinated was almost invariably severe may have been something of a stumbling block. He thought the steps taken to control the outbreak had been remarkably successful, and seemed to indicate that when modern measures of control, including of course vaccination of contacts, were promptly and energeticaly carried out, the task of controlling small-pox even in an unvaccinated community, was by no means so impossible as has been represented. It was permissible to ask whether results would have been much better if infantile vaccination had been systematically practised in Australia.

British Medical Association News.

SCIENTIFIC.

A Clinical Meeting of the New South Wales Branch was held at the B.M.A. Building, 30-34 Elizabeth Street, Sydney, on April 9, 1915, Dr. R. Gordon Craig (the Vice-President) in the chair.

Dr. A. E. Finckh exhibited microscopical slides of the blood of the Gosford case of *malaria* (see *The Medical Journal of Australia*, February 20, 1915, p. 163), and of the blood of two soldiers returned from New Guinea. In the first specimen the typical tertian parasite was present. He demonstrated the characters. The second specimen was one of the quartan parasite, while the third showed the ring form of the tertian parasite. In turning his attention to the question of infection, he pointed out that it would seem almost impossible for anyone to become infected, in view of the number of accidents necessary for successful transmission by the mosquito. In the first place, only the female insect acted as vector. In the next, the mosquito must be of a certain species. Then it had to suck blood of a person who harboured malarial plasmodia, and must be fortunate enough to ingest blood containing both male and female gametes. After these accidents had taken place, the gametes united in the stomach of the mosquito to form the sexual product. When mature the young forms passed into the lymph stream and appeared in the salivary gland. The mosquito had then to bite a healthy person and to inject some saliva containing the parasites.

In regard to the other methods of becoming infected, Dr. Finckh pointed out that if the blood of an infected patient came in contact with a wound in a healthy subject, infection might follow. It was also possible to convey the infection by the subcutaneous injection of infected blood. There were therefore three methods of infection—the natural, in which mosquitoes conveyed the plasmodium, the direct blood infection, and subcutaneous blood infection. The incubation period of the first was 10 days, of the second 2 days, and of the third 5 days. It was further of importance to remember that the mosquito, after sucking blood containing gametes, did not become infective until the tenth to the fourteenth day. The speaker did not deal

PLATE TO ILLUSTRATE DR. J. LEE ATKINSON'S ARTICLE.

Cystoscopic appearance of right ureter and trigone of bladder in the case of *bacillus coli communis* cystitis.

Cystoscopic appearance of right ureter. Ureter retracted and golf holey. Diffuse and irregular areas of inflammation on surface of bladder.

Cystoscopic appearance of trigone. Showing a large irregular shaped ulcer, with hard raised edge. White flake of lymph beyond. Vascular engorgement and diffuse inflammation of mucous membrane.

with the forms of mosquitoes, as Dr. Cleland would exhibit some specimens, and explain them to the meeting. In regard to treatment, the form of the disease was more or less immaterial, inasmuch as the tertian form could be just as malignant as the tropical form. He raised the question of the precautionary measures taken by the Military Authorities for the men who went to New Guinea.

Dr. Cleland demonstrated a small collection of mosquitoes prepared by himself and Dr. Ferguson. The first was the anopeline, *Nyssorhynchus annulipes*, a mosquito which was widely distributed in Australia, and which was the most common of the malaria-carrying insects. He had caught specimens in Neutral Bay, on the Hawkesbury River, and in various parts of New South Wales, and also in Adelaide. It was said to be prevalent in Perth, but in few districts was it present in large numbers. At Overland, on the Murray River, it was very abundant. If an individual harboured the crescents of the æstivo-autumnal parasite, and were to settle in the district, and if the population of the district were numerous, there would be grave danger of a serious outbreak of malaria.

The next mosquitoes shown were the *Pyretophorus atratipes* and the *Nyssorhynchus bancrofti*. He also showed two culicine mosquitoes, the *Culex fatigans* and the *Culicelsa vigilax*. It was quite easy to distinguish the culex from the anopheles. The mosquito carrying malaria appeared to stand on her head when biting. The body was kept straight. The wings were spotted. On the other hand, the culicine mosquito adopted a horizontal position when biting, and had a curve in the body, lending to it a sort of hump-backed appearance. *Culex fatigans* was a mosquito which had become associated with man and his dwelling, and had acquired certain habits for its own protection. It never bit in the day time, and even gas-light caused it to seek shelter. This mosquito would bite the legs of a person sitting at a table in the evening, but not the hands and face, which were exposed to the light. It appeared to have a defensive sense in the dark, and, as was well known, it was extremely difficult to kill it at night time. On the other hand *Culicelsa vigilax* had not learned these protective methods, bit during the daytime, and was quite easily killed during the act. It was interesting to note that it rarely attacked a person dressed in white or light garments. It seemed to prefer grey. Dr. Cleland also showed a specimen of the *Stegomyia fasciata*, the carrier of yellow fever. It was found in the Northern Rivers, and also in Queensland.

Dr. T. Fiaschi pointed out that no instructions were given to the Medical Officers in charge when the Expeditionary Force went to New Guinea. They would never give instructions to an experienced medical officer, but would leave the determination of precautionary measures to his judgement and experience. Quinine and mosquito nets were provided. While the officers made good use of the nets, many of the men refused to sleep under them. On the other hand, definite instructions had been issued to the troops on their return. Every man with symptoms of malaria had to report himself, and was admitted into hospital. The blood was examined regularly, until no parasites were discovered. As long as the blood contained parasites the patient was regarded as infected and was compelled to sleep under nets. Large doses of quinine (15 grs.), either in the form of the sulphate or of the hydrochloride, were given one hour before the anticipated attack, and 5 to 7½ grs. two hours later. In many cases a third dose was given at night-time. He asked Dr. Finckh if he could inform him how long a person could be regarded as infected after the parasites had disappeared from the peripheral blood.

Dr. Darling called attention to the occurrence of malaria in Lincolnshire, England, and cited cases which had come under his own notice. It was stated that no anopheline mosquitoes were present in the district.

In his reply, Dr. Finckh pointed out that, theoretically, when the gametes disappeared from the blood all further infectivity was removed, but it was extremely difficult to determine their absence microscopically. He had been taught that it was necessary to continue prophylactic medication with quinine for three months after the last attack.

Dr. Ernest K. Parry read the clinical notes of a case of *enteric fever with perforation*, complicated by pregnancy. This communication will be published in full in a future issue of the *Journal*, together with the discussion which followed.

Dr. H. S. Stacy showed a case of *osteitis fibrosa cystica* in a man aged 54 years. The patient had fallen while attempting to get on to a tram, and had fractured his left femur in its upper third. The same bone had been fractured higher up one year before. The right femur had been fractured twice. There was no history of syphilis or tuberculosis; the Wassermann reaction was negative, and there were no signs of tabes. The skiagrams taken by Drs. Ayres and Edwards disclosed osteitis fibrosa cystica of both femora and of the right pubic bone. The bones were much thickened and enlarged, and were interspersed throughout their whole length with small cavities.

The patient was treated by extension, etc., and made an uninterrupted recovery. He left the hospital after seven weeks, with good, bony union, and practically no shortening. There had been two inches of shortening after the last accident. He returned to work five months after the accident.

In regard to the pathology of the disease, Dr. Stacy had little to say. Hillman had classified the condition under the heading of chronic hæmorrhagic osteomyelitis. This condition is said always to be due to trauma. The speaker could not conceive how trauma could have given rise to an extensive condition in which the whole shaft of the bone was involved. Cheyne and Burghard have stated that the majority of these cases affect persons under 20 years of age. They have found that the cysts form in the medulla, causing expansion of the bone, and that the wall is lined with a thin layer of connective tissue. Fibrous material, apparently of inflammatory origin, is formed in the medulla in the neighbourhood of the cyst.

Dr. Darling spoke of his experience of these cases. In one instance the fracture had occurred while the patient was playing cricket. After the cyst had been removed, fresh bone formed in a normal manner. The simple cases appeared to depend on a degeneration process, and regeneration took place after the removal of the affected area of bone. On the other hand, a type existed in which there was general bone disease. On the basis of Rigby's collection, it would appear as if there were three or four distinct forms of this condition. He pointed out that no expansion of bone was met with in the cases of simple cyst, while in other cases, especially when the disease spread to a large area of cancellous tissue, expansion occurred.

Dr. Stacy spoke of a case of *fracture of the base of the skull*. The patient had fallen on September 4, 1913, a distance of 20 feet, and had suffered fractures of the base of the skull, of the right femur and of the olecranon. He was admitted to the Balmain Hospital, and was discharged at a later date in apparently good condition, with the exception that there was mal-union of the fractured femur. Dr. Stacy saw him in consultation with Dr. Archdall, and as a result plated his femur, in the Sydney Hospital. After the sixth week he complained of a little watery discharge from the nose, which lasted only a day or two. He was discharged on November 4, 1913, apparently well. On March 3, 1914, he was readmitted with cerebral symptoms, and died a few days later. Dr. Palmer performed the post-mortem examination, and found an old fracture extending from the left side of the pituitary fossa to the cribriform plate, and apparently communicated with the left side of the nose. Death was due to septic meningitis. Dr. Stacy pointed out that it was unusual for a fracture of the base of the skull to lead to death after eight months, during which the patient was apparently well. In another case at the Sydney Hospital death had occurred after several months. In this case too no symptoms had been present in the interval.

The same speaker exhibited a patient, aged 53, who had sustained a *fracture of the vault of the skull*, caused by an electric fan. The revolving blade had reflected a large flap of skin, and had cut through and removed a piece of bone circular in shape, measuring about three inches in diameter. The *dura mater* had been uninjured. This fact saved the patient from being affected with septic meningitis, and also from being the subject of a traumatic epilepsy. The patient had one epileptic fit, but no motor or sensory signs were present. The wound healed without difficulty. When in the upright position the defect was apparent as a large depression. This depression disappeared when the patient lay down. He was quite well, but said that he was unable to do hard work.

Dr. Gordon Craig raised the question whether the patient was not running an undue risk of being wounded. He thought that so large a segment of unprotected brain would justify an attempt being made to cover the defect. It was possible to sterilize bone, and in his opinion it was not too late to use the patient's own bone. This could be boiled, the skin flap dissected back, and the vault of the skull could be restored by replacing the bone. He merely threw this out as a suggestion, and realized that the patient would have something to say in the matter.

Dr. Stacy described a case of perforated enteric ulcer. This case will be published in full in a subsequent issue.

Dr. R. B. Wade demonstrated a specimen of a tumour of the pelvis of the kidney from a young child. The substance of the kidney had been thinned very considerably by the tumour. The organ was removed, and the patient recovered from the severe shock which ensued. At a later date, local recurrence occurred. Dr. Bradley had examined the tumour histologically, and had found it to be a *nephroma*. The tubules were well developed.

Dr. Wade pointed out that these cases usually terminated by local recurrence, and not by metastasis. Hutchinson had reported a series of cases in which metastatic growths had appeared. The speaker was of opinion that this was quite unusual.

He also showed a large tumour, a *periosteal sarcoma*, growing in the region of the shoulder joint. The patient was a child. Some months before a local practitioner had been consulted, but had advised that nothing should be done. When first seen, the large size of the tumour rendered it impossible to save the arm. Amputation was therefore performed by the interscapular method. Dr. Wade was unable to state what the ultimate result would be. The growth had infiltrated the cancellous tissue of the bone, and involved practically the whole of the epiphysis. Two larger growths were found arising from the periosteum on either side. A pathological examination showed that the tumours were made up of round cells. He held the opinion that the growth had started in the periosteum and had spread on to the head of the bone.

Dr. J. Burton Cleland gave an account of a renal tumour which he had recently investigated in a rat. One kidney contained a large white growth imbedded in its substance. It was readily shelled out of the surrounding tissue. On microscopical examination it proved to be made up of epithelial cells, arranged in tubular formation. The tubules were identical with renal tubules. There was no suggestion of any hypernephromatous elements. The other kidney contained two tumours, both of which were ill-defined as far as their margins were concerned. The want of differentiation from the renal substance rendered it difficult to determine which tubules were renal and which were portions of the tumour. He raised the question of the spread of the growth to the second kidney. It was difficult to imagine that the two smaller growths were metastatic He assumed that Dr. Wade's case was similar in pathology to this rat tumour.

Dr. Litchfield was a little doubtful whether these cases should be termed nephromata or hypernephromata. He thought that the correct pathological definition had not been definitely determined. He had seen a considerable number of these cases, and agreed with Dr. Wade that while local recurrence was common, metastasis rarely occurred. The constituent cells of the tumours were of epiblastic and mesoblastic origin, and thus could not be distinguished histologically from kidney substance as far as cell and cell arrangement was concerned. In regard to Hutchinson's cases, in which metastatic tumours had taken place, he was convinced that they arose from the supra-renal glands.

Dr. Wade also demonstrated some *celluloid splints*, for which he claimed the advantages of lightness and adaptability. He had found them particularly advantageous in cases of tubercular disease in children. If they were made too light, strength was sacrificed, but a good, solid jacket could be made, which was very considerably lighter than plaster of Paris. The mode of preparation was described. In the first place, a plaster cast had to be prepared. The cast was oiled and covered with some stockinette material. On this the celluloid was applied. A solution of celluloid in acetone (1 in 6 or 1 in 7) was then painted on the singlet material. On this a layer of gauze in two halves was applied in front and behind. More celluloid solution was painted on, and then another layer of gauze applied in lateral halves. The number of layers of gauze and of coats of varnish depended on the strength required. He exhibited a model prepared by Gauvain of the Lord Mayor Treloar's Home for Cripped Children at Alton, Hampshire, England, in which there were 14 layers and 22 coats, and a second splint in which there were 8 layers of gauze and 12 coats of varnish. The inflammability of celluloid would be a serious drawback to the use of these splints, were it not for the fact that it could be influenced. Calcium chloride (10 grains to the ounce) added to the varnish rendered the jackets practically uninflammable. It was necessary to allow them to dry completely before they were removed from the casts, in order that when cut they did not spring apart. The jackets could be lined with leather by any saddler, and the holes punched and fitted with laces. Dr. Wade thought that it would be advantageous if the singlet material could be dispensed with, as this tended to crease or fold.

Dr. Gordon Craig congratulated Dr. Wade on having taken up the use of the celluloid splints. The one disadvantage of these jackets was the length of time required in their preparation, more especially the time that must elapse during the process of drying.

He also showed a very ingenious *splint for the treatment of congenital dislocation of the hip*. He did not suggest that this splint should replace plaster of Paris, but in those cases in which plaster was unsuitable it had proved of great value to him. This was especially the case with young children in hospitals. It was impossible to keep the plaster clean, and when once it was soiled with urine, it became soft, ill-smelling and objectionable. The splint consisted of a piece of tin adjusted to the back of the patient, and a bar with a thigh rest working on a quadrant. The frog position could be attained, or the limb could be pronated and rotated inwards. He pointed out that the adoption of the frog position put pressure on the anterior part of the capsule, with the result that in 90% of the cases in which it was used, stretching occurred, leading to anterior relaxation. He spoke of the possibility of getting anatomical results, as opposed to functional ones. Internal rotation yielded a good percentage of anatomical cures. Bradford, of Boston, had adopted this method, using plaster of Paris, and claimed excellent results. By its means the head of the femur could be made to impinge on the centre of the acetabulum. He had applied it in 7 suitable cases, and had obtained definite anatomical cure. He did not think that it was possible to get this result with plaster. In addition to the advantage of cleanliness and ease in obtaining reduction, he pointed out that the muscles were available for massage, while the splint was still applied, which was not the case with plaster.

MEDICO-POLITICAL.

A meeting of the Council of the Victorian Branch was held at the Medical Society Hall, East Melbourne, on March 31, 1915, Dr. A. Honman (the President) in the chair.

Several members had applied for guidance in regard to the circular issued by the Council, dealing with applications for positions of certifying medical officers under the Workers' Compensation Act (see *The Medical Journal of Australia*, March 20, 1915, p. 268). Many of the members had already been appointed to these positions. It was decided that they be advised that they should continue to act as medical officers for the present. A further conference with the Insurance Commissioners was arranged.

Dr. R. L. McAdam was elected to the vacancy on the Council and its sub-committees created by the resignation of Dr. F. Miller Johnson.

A letter from the Secretary of the Yarram Hospital was read. The Committee of this hospital agreed to empower the local medical practitioners to determine the condition of admission of all patients, with a view of preventing abuse. As an alternative, the Committee expressed its willingness to adopt any suggestion which the Council might make to prevent persons in a position to pay for treatment outside from using the hospital. It was resolved to accept the first proposal, and that both the Committee of the Hospital and Drs. Pern and Rutter be informed of this determination.

A communication from the New Zealand Branch was dealt with. This referred to the anomaly of the Articles of Association of the British Medical Association, which

enabled a member to avoid the payment of the subscription to the local Branch by sending the sum of 25s. to the Secretary in London. It was resolved to instruct Dr. Syme, the Representative of the Branch of the Council of the Association for the year 1915-1916, to endeavour to obtain an amendment of the Articles to remedy this anomaly.

The following gentlemen were elected members of the Branch:—

Dr. Edward Leo McCardel, of Benalla.
Dr. Harry F. Main, of Malmsbury.
Dr. M. E. Dovaston, of Melbourne.

The resignation of Drs. S. W. Talbot and S. E. Z. Woinarski was accepted with regret.

Others matters were also dealt with, including the proposal to deal with quack advertisements. It was resolved that a sub-committee be elected to deal with this subject.

The following have been nominated for election to the New South Wales Branch:—

Dr. W. Collings Dawson, Kurri Kurri.
Dr. Keith H. Grieve, Goulburn Hospital.
Dr. James Sandilands, New Hebrides.

BELGIAN DOCTORS' RELIEF FUND.

New South Wales.

The Belgian Doctors' Relief Fund of the New South Wales Branch was started by a cheque for £50 from Dr. Fourness Barrington, and during the course of 10 days further subscriptions have been received. The following is the first list of subscribers:—

	£	s.	d.
Dr. Asher, M., Darling Point	1	1	0
„ Barkas, W. J., Paddington	1	1	0
„ Barron, G. M., Manly	1	1	0
„ Barrington, Fourness, Sydney	50	0	0
„ Baur, F. G., Newcastle	1	1	0
„ Bell, Geo., College Street, Sydney	2	2	0
„ Benjamin, Alva, Casino	0	10	6
„ Blackwood, F. M., Turramurra	5	5	0
„ Brandon, A. J. Spiller, Sydney	1	1	0
„ Bray, P. D., Blayney	5	5	0
„ Broadbent, P. L., Forbes	2	2	0
„ Brooks, G. A., Petersham	2	2	0
„ Brown, Harold, Summer Hill	1	1	0
„ Bruce, C. W., Enmore	1	1	0
„ Burkitt, E. H., Dubbo	5	0	0
„ Campbell, T. G., Haberfield	0	10	6
„ Candlish, R., Cowra	2	2	0
„ Capper, H. S., North Sydney	1	1	0
„ Clubbe, C. P. B., Macquarie Street, Sydney	2	2	0
„ Cosh, J. I. C., Ashfield	5	5	0
„ Craig, Gordon, Sydney	5	5	0
„ Cribb, A. Gordon, Millthorpe	1	1	0
„ Dansey, St. J., Strathfield	1	1	0
„ Dick, J. A., Randwick	1	1	0
„ Dight, W. B., Roseville	3	3	0
„ Douglas, J. C., Adamstown	1	1	0
„ English, J., Yass	2	2	0
„ Faithfull, R. L., Darlinghurst	5	0	0
„ Feilchenfeld, G., Hay	1	1	0
„ Finckh, A. E., Macquarie Street, Sydney	0	10	6
„ Fox, R. A., Lidcombe	1	1	0
„ Goldsmid, J. A., Murwillumbah	1	1	0
„ Graham, J. B., Macquarie Street, Sydney	4	4	0
„ Grant, W. B., Rozelle	1	1	0
„ Griffiths, F. G., Sydney	5	5	0
„ Harker, A. E., Lambton	3	0	0
„ Harvey, L. W., Manly	2	2	0
„ Herring, E. Ken, W. Maitland	1	1	0
„ Hocking, J. P., W. Wallsend	1	1	0
„ Hoets, J., Glebe	2	2	0
„ Hood, A. Jarvie, Sydney	5	5	0
„ Hosking, John E., Deniliquin	1	1	0
„ Huggart, C., Helensburgh	2	2	0
„ Hunter, D. G., Eastwood	2	2	0
„ Isbister, J. L., North Sydney	1	1	0
„ Jamieson, Sydney, Sydney	2	2	0
„ Kirkwood, W., Wollongong	1	1	0
„ Langton, W. D., Redfern	1	1	0
„ Lee, H. H., Wollongong	1	0	0
„ Lethbridge, H., Narrandera	5	0	0
„ Lightoller, J. R., Edgecliffe	1	1	0
Carried forward	156	13	6
Dr. Luker, Donald, Sydney	2	2	0
„ MacPherson, John, Sydney	0	10	6
„ Marshall, J., Bega	1	1	0
„ Mawson, J., Campbelltown	1	1	0
„ McDouall, H. C., Gladesville	2	2	0
„ McIntosh, A. H., Leura	1	1	0
„ McKell, Thos., Barraba	2	2	0
„ McLean, J. M., Chatswood	3	3	0
„ McLeod, James, Hurstville	3	3	0
„ McMurray, W., Macquarie Street, Sydney	2	2	0
„ Morton, John, Sydney	5	5	0
„ Murray, J. A. J., Armidale	1	1	0
„ O'Neill, G. L., Sydney	5	5	0
„ O'Reilly, W. W. J., Pymble	1	1	0
„ O'Reilly, Susie, Pymble	0	10	6
„ Palmer, C. R., Woonoona	2	2	0
„ Park, A. J., Narrabri	2	2	0
„ Park, G. L., Quarantine Station	2	2	0
„ Paton, J. T., Blackheath	1	1	0
„ Perkins, R., Morpeth	3	3	0
„ Pockley, Eric, Summer Hill	2	2	0
„ Pockley, F. Antill, Sydney	2	2	0
„ Pope, R. J., Sydney	5	5	0
„ Robertson, J. Crawford, Sydney	1	1	0
„ Roseby, E. R., Delungra	1	0	0
„ Scott, C. H., Scone	1	1	0
„ Sheldon, Stratford, Sydney	3	3	0
„ Shepherd, Cyril, Macquarie Street, Sydney	2	2	0
„ Shirlow, S. S., Balmain	2	2	0
„ Sinclair, McIntyre, Wentworth Falls	5	5	0
„ Sinclair, Eric, Manly	2	2	0
„ Skirving, R. Scot, Sydney	5	5	0
„ Smith, E. Temple, Sydney	1	1	0
„ Smith, Kenneth, Summer Hill	1	0	0
„ Sproule, Robert, Canbelego	2	2	0
„ Todd, R. H., Sydney	5	5	0
„ Todd, R. S. E., Peak Hill	1	1	0
„ Tratman, F., Sydney	1	1	0
„ Vance, E. B. M., Leeton	2	2	0
„ Vickery, K. F., Waverley	1	1	0
„ Wallace, D., Little Bay	3	3	0
„ Warren, H. Guy, Sydney	2	2	0
„ Weihen, A. W., Macquarie Street, Sydney	1	1	0
„ Welsh, K. St. Vincent, Narrandera	1	1	0
„ Wherrett, E. A., Marrickville	0	10	6
„ Whiting, Keith, Parramatta	1	1	0
„ Worrall, R., Sydney	1	1	0
„ Young, R. W., Botany	0	10	6
Total	£256	6	6

At a special meeting of the South Australian Branch, held on April 8, 1915, it was resolved:—

(1) That a fund for the Belgian medical men be formed.
(2) That a circular to this effect be sent to all the members of the Branch.
(3) That the annual dinner be abandoned, and that all members be asked to subscribe the usual dinner fee (10s. 6d.) to the fund.

A special committee of the Council was appointed for the purpose of dealing with this fund. The members of this committee are: Dr. E. W. Morris (president), Dr. J. A. G. Hamilton, Dr. R. H. Marten, Dr. J. C. Verco, Dr. W. T. Hayward, Dr. B. Poulton, and Dr. A. A. Lendon. The lastnamed will act as secretary and treasurer.

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Public Health.

SMALLPOX ON THE *MOREA*.

The *Morea* arrived at Fremantle on March 24, 1915. On the previous day a wireless message had been received to the effect that a case of variola had been discovered on board. The patient was a scullion. He had been isolated at once. Vaccination was performed by the ship's surgeon, and continued after the vessel left Fremantle. Beyond the isolation at Adelaide of another member of the crew, who had developed measles, no further case of sickness arose. The usual quarantine measures were enforced at the different posts.

THE HEALTH OF QUEENSLAND.

The following notifications have been received by the Department of Public Health, Queensland, for the week ended April 3, 1915:—

Diseases.	No. of Cases Reported.
Diphtheria	88
Enteric Fever	16
Pulmonary Tuberculosis	9
Scarlet Fever	7
Erysipelas	1
Varicella	1
Infantile Paralysis	1
Total	123

THE HEALTH OF AUCKLAND.

The following notifications have been received by the District Health Officer of Auckland for the month of March, 1915:—

	City. Cases.	Suburbs. Cases.	Country Districts. Cases.	Total. Cases.
Scarlet Fever	4	4	10	18
Diphtheria	—	6	15	17
Enteric Fever	2	6	35	43
Tuberculosis	6	8	10	24
Septicæmia	1	—	1	2
Varicella	8	1	4	13

THE HEALTH OF WESTERN AUSTRALIA.

The following notifications have been received by the Department of Public Health, Western Australia for the three weeks ending March 20, 1915:—

	Enteric Fever.	Diphtheria.	Scarlet Fever.	Pulmonary Tuberculosis.	Erysipelas.	Beri Beri.
Perth	16	8	2	—	—	—
Fremantle	4	4	—	2	—	—
Rest of State	57	52	2	11	1	1
Total	77	64	4	13	1	1

THE HEALTH OF PERTH.

The following notifications have been received for the fortnight ending March 8, 1915:—

	Cases.
Diphtheria	3
Enteric Fever	9
Tuberculosis	2
Total	14

The following notifications have been received by the Perth City Council for the fortnight ending March 22, 1915:

	Cases.
Enteric Fever	14
Diphtheria	5
Scarlet Fever	1
Total	20

INFECTIVE DISEASES IN VICTORIA.

It is announced that the Board of Health has supplied four portable tents for the reception and treatment of patients suffering from certain infective diseases. The tents when erected measure 16 feet by 11 feet, and are constructed of a timber frame-work and linen duck. Each tent weighs 13 cwt. and costs £29. When folded the four can be stowed away in a railway goods van.

INFANT CARE IN NEW SOUTH WALES.

In the Annual Report of the Director-General of Public Health of New South Wales for the year 1913 (see *The Medical Journal of Australia*, March 20, 1915, p. 271) a special chapter is devoted to the health visiting among mothers of new-born infants. The staff consisted of Mrs. Blanche E. Day and Miss C. M. Burne. It is stated that the number of those visited was materially smaller than that during the year 1912, because the small-pox epidemic necessitated the withdrawal of the members of the staff from the work to assist in the special work connected with the epidemic. The visiting work was therefore restricted to about six months. This is unfortunate, and should not have arisen. The visiting of infants should continue quite irrespective of any emergency, and should on no account be interrupted because those undertaking it are wanted for other work. During the year, 3174 visits were made. The information given in the report is not well arranged, and in some cases is a little obscure. It is hoped that a better scheme for the returns will be evolved, in order that the record of the work may be of greater value.

The figures given show that of the 2317 infants dealt with, 756 were first-born babies and 91 were illegitimate. In 105 cases the mothers were under 21 years of age. As far as it is possible to determine from the tables, it appears that 2088 of the infants were breast-fed, while 229 were wholly or partially bottle-fed. In 60 cases the infants were wholly fed by artificial means, which is equivalent to 2.58% of the whole number. *Allaitement mixte* was employed in 169 cases, *i.e.*, in 7.29%. From a table compiled dealing with 1864 children, presumably all breast-fed, it appears that the infant was given some additional food after 3.67 months (average), but was not weaned until 12.18 months old (average). No information is given of the number of infants breast-fed for 3, 4, 5, and 6 months, nor of the condition of the mothers in connexion with the giving of additional food. It is stated that the "average age of children when visited" was 3.1 in the one district and 3.6 in the other. This probably means that the average age of the children when first visited was just over 3 weeks. In regard to the artificial diet, condensed milk was given to 77 of the 229 infants. Biscuits, arrowroot, flour, oatmeal, bread or oats either alone or with milk foods were given to 33 infants. Patent foods were given 35 times. Cow's milk with or without barley water, was only given in 15 instances. Soothing syrups were employed nine times.

No information at all is given as to the effect of the visits. It is to be hoped that the records of the Baby Clinics will be compiled with greater care and on a better plan. In regard to the circumstances of the parents, all that is said is that the average number of rooms per house was 4, and that the average number of occupants per room was 1.3. Some extremely vague information in tabular form is given in connexion with the manner in which the mothers spent the maternity allowances of £5. This matter, and, indeed, everything connected with infant care is so important that the report of the year's work should be full and replete with a great deal of important information.

STATE HOSPITALS IN NEW SOUTH WALES.

In the same report, an account of the work carried out in the various State Hospitals is dealt with in a separate part (IV.).

Coast Hospital, Little Bay, Sydney.

During the year 1913, 4041 patients were treated in the wards. The average stay of patients in the hospital was 31.83 days. The total accommodation in the hospital is 339 beds. The average number of beds occupied (taken as a daily average) was 335.39. In the general division, there are 167 beds, and in the infectious division 166 beds. In additions, there are four beds in the nurses' sick-room. Of the 3702 patients admitted during the year, 2113 went into the general division and 1589 into the infectious division. Of the latter, 994 were suffering from diphtheria. There were 2045 cases of this disease notified in the metropolitan district, which means that 48.6% of all notified cases were sent to the Coast Hospital. Intubation was performed on nine patients, and tracheotomy on four. The mortality was 2.81%. Just over 50% of the patients who died were in the hospital for less than one week. No information is given of the day of the disease on which antitoxin was first administered, of the individual doses, of the total quantity of antitoxin, nor of the immediate causes of death. There were 287 cases of scarlatina dealt with, which is equivalent to 51.71% of all the cases notified in the metropolitan district. Seven patients died, *i.e.*, a case mortality of 2.43%. No details are given as to complications of scarlatina or association of this disease with the other exanthemata.

Morbilli was the next most frequent disease treated in this division. During the year, 93 patients were admitted on this account, but no deaths are recorded. In the summary, it is stated that of these 93 patients, 92 were "cured" and 1 was "relieved." We presume that this means that the disease ran a favourable course in the 92 cases and in one, some complication left a permanent defect. It is unusual to meet with a series of nearly 100 cases of measles without any deaths. In the next place, enteric fever was met with 77 times, and in 10 it proved fatal. The case mortality of 12.98% is high, but in the absence of any record of the type of case dealt with, the frequency of complications and the causes of death, no comment is possible. Pertussis was present in 64 patients, of whom no less than 14 died. This gives a case mortality of 21.8%. Of the 64 patients discharged, 13 are tabulated as "relieved," which indicates that the condition on discharge was not quite satisfactory. Erysipelas occurred 48 times, and proved fatal 5 times. Parotitis was treated 22 times, and variola four times.

In the General Division of the Hospital, 61 cases of tuberculosis, including 10 of miliary, 4 of general tuberculosis and 27 of tuberculosis of the lungs, were under treatment. Of these 61 patients, 13 died, 40 were "relieved," and 3 were "cured." In the venereal wards, 691 persons were treated. In 212 cases the infection was gonorrhœal, in 3 there was a soft chancre, and in 366 the patient was suffering from syphilis. The number of patients in the primary or secondary stages of this disease was 258, exclusive of 8 still under treatment on the last day of the year.

The number of persons suffering from diseases of the cardio-vascular system, including cerebral hæmorrhage, was 120 or 128 if the patients remaining in the hospital on December 31, 1913, be included. Cancer is tabulated 26 times, and the other conditions affecting the various systems a corresponding number of times. In 125 cases the condition calling for treatment was connected with pregnancy or labour, including puerperal septicæmia.

In all, 650 operations were performed during the year. The most common were currettage (93), removal of adenoid vegetations and tonsils (46), appendicectomy (31), operation for inguinal hernia (29), curetting sinus (21), circumcision (12), hæmorrhoid operation (19). Laparotomy was performed for perforation of enteric ulcers on five occasions, and proved fatal in 4. In all, 24 persons died after the operations. The percentage mortality is of small moment, inasmuch as a very large number of the operations were minor, including the opening of abscesses, explorations, etc.

The report of the Coast Hospital is highly unsatisfactory, in view of the fact that this hospital contains a majority of persons treated institutionally for the notifiable diseases. The medical staff is quite inadequate for the needs of a large general hospital. There is one medical superintendent, one assistant medical superintendent, and four assistant medical officers. It is quite essential for the welfare of the patients in a State, as in a public or private, hospital, that the medical staff shall be sufficient for the needs of the institution. The honorary medical officers, we understand, do not visit the hospital daily, as is done in the large public hospitals, but attend when requested by the Medical Superintendent. When the new Little Bay Hospital is completed, better arrangements will be required in connexion with the stff. In regard to the report on the work done, it should be possible to compare the results with those of other hospitals, and this is only possible if full and even elaborate returns are made.

Rookwood State Hospital and Asylum for Men, Lidcombe.

The Resident Medical Officer submits a report of the work accomplished at the Rookwood State Hospital and Asylum for Men during the year 1913, and includes the reports of the Honorary Aurist, the Honorary Neurologist, and the Honorary Ophthalmic Surgeon. The total number of persons under treatment during the year was 4,561. At the beginning of the year there were 1,173 patients in the Hospital, and 3,388 were admitted during the course of the year. The number of patients discharged was 2,796, while that of those who died was 536. The hospital comprises 14 wards, containing 656 beds, and an out-patient department. In the ear, nose and throat department a large number of inmates applied for treatment, but in the majority of cases they were beyond help. The Honorary Aurist had resigned in August, 1913, and no further appointment has been made. Only eight operations were performed in this department. In the neurological department weekly visits were paid by the Honorary Neurologist, and special attention was given to cases likely to respond to treatment. Dr. Davidson arranged for the transfer of a few patients to the Mental Hospital at Darlinghurst, in order that they might have the benefit of the massage equipment.

A full report is appended on the work carried out in the ophthalmic department from its inception up to the end of 1913. Nine hundred and ninty-six conditions were dealt with in 572 patients. During the year 1913 114 patients were dealt with. There were 27 cases of cataract, of which 14 were mature senile, 55 cases of errors of refraction, of which 46 were presbyopic, 15 of affections of the optic nerve, including 11 tabetic atrophy, and 6 of chronic glaucoma. Thirty operations were performed, including 6 cataract extractions, 7 needlings, 1 iridectomy, 3 entropion, 1 enucleation, 1 trephining glaucoma, and 1 operation for pterygium.

In the skin department 255 persons were dealt with. The most common affection was eczema. Of 74 cases, 51 were cured, 17 relieved, and 5 patients died. Pitiariasis occurred 53 times, and was cured 46 times, and relieved 4 times. One patient suffering from this condition died of a cardiac affection. Psoriasis was treated 26 times, and was cured 11 times, and relieved 9 times. Two of the patients died. Syphilitic dermatitis was dealt with 24 times; it was cured in 12 cases, and relieved in 7. In all 255 patients were under treatment. Of these 173 were cured, 51 were relieved, 8 died, and 23 were still in hospital at the end of the year.

The surgical work carried out in the hospital appears to have been considerable. Upwards of 168 major and 50 minor operations were performed. Strictures of the urethra, inguinal hernia, hæmorrhoids, appendicitis, various malignant tumours, etc., were dealt with by operation. It is reported that Meltzer's insufflation method of anæsthesia was employed in a series of cases.

State Hospital and Asylum for Men, Liverpool.

A short report of the work carried out during the year 1913 at the State Hospital and Asylum for Men at Liverpool is published. The hospital is a very old structure, having been erected in 1825 as a military barracks. It is, however, in a good state of preservation. Very few details of the class of patient, of the methods of treatment adopted and of the results obtained are given. The Senior Medical Superintendent states that 114 cancer patients were under treatment during the year. Of this number, 29 were in the hospital at the commencement of the year. Fifty patients died, and 33 were discharged at their own request, or were transferred to metropolitan hospitals. In the Lock Ward, 199 patients were treated, of whom 177 were admitted during the year. Syphilis was treated largely with salvarsan. No details are given in regard to the results obtained. It is stated that a certain proprietary preparation was tried in the treatment of gonorrhœa with very satisfactory results. It is unfortunate that general remarks of this kind are published in a Governmental Report, and are not supported with full details. The sentence is likely to be quoted in praise of the preparation. In a disease like gonorrhœa the utmost caution should be exercised before favourable expressions of opinion on patented preparations are published, since it is difficult, if not impossible, to limit or correct the statement at a later date.

State Hospital and Asylum for Women, Newington.

It appears that up to 1911 there was no resident medical officer in the State Hospital and Asylum for Women at Newington, the patients being attended to by the Visiting Medical Officer. Since that year, a Junior Resident Medical Officer has been appointed, and honorary visiting officers, including those in charge of the special departments, undertook the work. During the year 1913, 1,921 patients have received care and medical attention. Of these 149 died, 1,156 were discharged, and 706 remained in the in-

stitution at the end of the year. The average number of patients in the hospital division was 321. Of the 1,156 persons discharged, 895 were in the hospital division. No details are given of the nature of the affections for which the patients were under treatment.

State Asylum for Aged and Infirm Men, George Street, Parramatta.

No hospital patients are received in this institution. On December 31, 1913, 215 men were housed in the old-fashioned building. During the year 1,400 inmates were admitted, and 1,424 were discharged. The Visiting Medical Officer attended to 2,172 patients (?), and ordered 275 of them to be transferred to other institutions for treatment.

State Asylum for the Blind and for Men Suffering from Defective Sight and Senility, Macquarie Street, Parramatta.

This institution was originally a small barracks, and is of considerable age, having been erected in 1820. The buildings are said to be unsuitable for asylum purposes. It is a question of time, when they will be put out of commission. There were 151 inmates in the institution on January 1, 1913, 875 were admitted during the year, 7 died, 870 were discharged, and 149 were resident on December 31, 1913. No further details are given.

The David Berry Hospital.

The Secretary reports that 266 persons were treated during the year 1913. Of these 209 were discharged recovered, 27 were relieved, 2 were unrelieved when discharged, and 11 died. Seventy-eight operations were performed. No account is given of the medical work undertaken. In regard to expenditure, the sum of £2,215 was spent on the institution. The patients contributed the sum of £165.

Waterfall State Sanatorium.

The Medical Superintendent of the State Sanatorium at Waterfall reports that during the year 1913 849 patients were under treatment. Of this number 271 were in the Sanatorium at the beginning of the year, while 578 new patients were admitted. The disease terminated fatally in 155 cases. Of the 392 patients discharged 60 had their diseases arrested and were able to do moderately heavy work. Considerable improvement was effected in 125 cases, and these patients were able to return to ordinary life. Some benefit followed the sanatorium treatment in 141 cases, while in 66 cases no apparent good resulted. Graduated exercises were used extensively for patients showing marked improvement. In addition Koch's tuberculin and the nascent iodine treatment were used among other remedies in suitable cases. The condition of the patients on admission was as follows:—The disease was incipient in 2 cases, moderately early in 58, moderately advanced in 217, and far advanced in 234. The average stay of patients in the Sanatorium worked out at 169 days. Unfortunately no information is given from which an estimate could be formed of the immediate result of the treatment in the various groups of patients arranged according to the stages (Turban) of the disease. Some information is given in regard to persons who remained in the Sanatorium for over six months, or for under one month. The total number of the first group was 88. There were 6 who had been in residence for over three years; 2 of the patients were much improved, 1 was improved, and 3 died. There were 15 patients who had been in residence more than two and less than three years. Of these 4 were much improved, and 12 died. Twenty-nine patients had been in residence for over one and under two years. In 9 of them the disease was arrested, in 4 much improved, and in 2 improved. Fourteen of the patients died. In 37 cases the patients had been in the Sanatorium for over six and under twelve months. Six showed improvement, and 31 died. The second group deals with 48 cases whose stay in the Sanatorium was under one month. Of those, who had been under treatment for more than fourteen days, 9 were improved and 11 died. Improvement was noted in 19 patients, who had been under treatment for less than 14 days, and death occurred in 10.

The majority of the patients were in the third and fourth decade, while the fourth and fifth were fairly represented. One of the patients was over 80 and five were under 10.

The Sanatorium contains 324 beds, 24 of which are in the open air. The staff consists of a Medical Superintendent and Assistant Medical Officer, an Assistant Superintendent, a Matron, a Sub-Matron, and 21 nurses. In addition there is one Honorary Consulting Physician and one Honorary Physician. The expenses of conducting the Sanatorium works out at £40 19s. 4½d. per patient.

The Leper Lazaret.

The report of the work carried out in the Leper Lazaret has been briefly touched on in *The Medical Journal of Australia* of March 20, 1915. Of the 21 lepers, 7 are residents of New South Wales of European descent, and 4 are residents of other parts, but of European descent. The remaining 10 were coloured, 6 coming from the Pacific islands, 2 from China, one from Java, and one from Syria.

The following are the histories of the two new cases admitted during the year:—

Case CXXXII.—W.D., m., æt. 22; admitted 9th June, 1913.

History.—Aboriginal native of N.S.W.; born at Ulladulla. Has lived all his life in that vicinity, where he followed the occupation of fisherman.

History of Illness.—States that first indication appeared in December, 1912, as a nodule in left malar region. Since then the disease has progressed steadily.

Condition on Admission.—General.—Height, 5 ft. 7 in.; weight, 8 st. 10 lb.; well developed and in good health.

Face.—Left side presents two very large tuberosities, one 2½ × 2 inches, and the other 2 × 1¼ inches, which project markedly above the skin level, but most of left cheek back to ear is infiltrated. Detached nodules, varying in diameter from threepenny piece downwards, in forehead, right eyebrow, and right ear (inside and outside).

Neck.—Back of neck bears one large and two small nodules. On each side of neck a cutaneous nerve passing forward from posterior border of stern mastoid muscle can be felt, thickened and sclerosed.

Left Shoulder.—Point of shoulder bears infiltrated area. Also several rounded areas paler than surrounding skin.

Scrotum.—Area of infiltration at root of penis.

B. leprae.

Case CXXXIII.—J.M., m., æt. about 60; admitted 23rd November, 1913.

History.—A native of Palmer Island, New Hebrides. Does not know his age, nor how long he has been in Australia. Came first to Queensland, but has lived many years in Tweed River district.

History of Illness.—Says he was able to work cane-cutting, etc., until five weeks ago, when his right index and middle fingers swelled and became painful. Feet also became sore. Blisters came on fingers and two on feet. Has had nose-bleeding.

Condition on Admission.—Face.—Eyebrows almost devoid of hair and much infiltrated, overhanging nose.

Nose greatly thickened and rounded; some projecting nodules on alæ nasi. Cheeks, upper lip and chin infiltrated; moustache gone in centre of upper lip. Ear lobes both infiltrated.

Ulnar Nerves.—Both are thickened, hard, and tender.

Peroneal nerves enlarged and hard.

Forearms and Hands.—Right index and middle fingers swollen. On several fingers there are areas devoid of pigment, sites of old blisters. Similar area right elbow tip.

B. leprae. Left nares—numerous.
Right nares—(occluded by deviated septum) scanty.
Left lobe of ear and right eyebrow—abundant.

Appended to the report is a useful statement of the progress of the patients in the lazaret during the year. Chaulmoogra oil was given to nine of the patients. One patient showed marked improvement, one some improvement, two were apparently unaffected by the treatment,

in three the disease was progressing slowly, and in two there was marked progression. Gynocardate of magnesium was given to two patients in whom the disease was quiescent or tending to improve. One of the patients is reported to have been going steadily downhill.

THE HEALTH SOCIETY OF NEW SOUTH WALES.

The annual meeting of the Health Society of New South Wales was held on March 29, 1915, Mr. J. D. Fitzgerald, the President, in the chair. In presenting the annual report, he laid especial stress on the desirability of inaugurating a "health week," similar to the English undertaking.

The annual report is a document which is of some importance to the members of the New South Wales Branch of the British Medical Association. The following are the chief matters dealt with. The winter course of lectures during the year 1914-1915 lacked addresses by medical practitioners in general practice, on account of the action of the Branch Council. In spite of this deficiency, some valuable lectures were delivered, namely, one on housing in relation to public health, by Mr. John D. Fitzgerald; one on school postures, by Dr. E. Reuter Roth; one on the hygiene of the home, by Dr. J. S. Purdy; one on the public health administration in England, and some lessons for New South Wales, by Mr. J. M. Myers; one on the influence of environment, by Mrs. Normal Dunlop; and one on some micro-biological aspects of public health, by Dr. J. Burton Cleland. An extra lecture was delivered by Dr. Mary Booth on voluntary health service; and one by the late Mr. L. A. B. Wade, on the Murrumbidgee irrigation scheme. No applications were received for "talks and addresses" to assemblages of women workers. The committee regret this fact.

The Committee call attention to certain hygienic defects, and the action taken. The first mentioned is the bad condition in which many of the old-age pensioners live. This was especially flagrant in Summer Hill. The second matter had reference to the registration of boarding-houses. The registration of midwives was also taken up. It is announced that the authorities were communicated with in connexion with these several points, and that the war had deflected attention from them.

The Society had also busied itself with the disposal of garbage problem. The cleansing of drinking vessels in bars and shops, and the custom of tramway guards licking their fingers to extract tickets also called for protest from the Society. "Calico Town" received attention in its turn, more particularly in regard to the defective sanitary arrangements. In the last place, the inadequate ventilation of several picture theatres caused some activity to the Society. The report does not contain a detailed statement of the reforms achieved in connexion with the various matters.

The occasion of the retirement of the President, Dr. F. S. W. Zlotkowski, was seized as an opportunity for recording the high appreciation of the Committee of his valuable services.

In the last place, the following sentence may be cited from the report:—"We are glad to report that the restrictions of the *British Medical Association* (this probably means its New South Wales Branch) with regard to the lectures to the Society by medical men and women in general practice are now happily to a great extent withdrawn; it is believed owing largely to the fact of the late President having interested himself in the matter."

A VACCINATION QUESTION.

The question whether a person who allows his child to be vaccinated in the Commonwealth is infringing the law, in view of the prohibition of the use of variolous material, has been argued before the Supreme Court in Melbourne on March 31, 1915, and has been decided in the negative. (see *The Medical Journal of Australia*, March 27, 1915, p. 291). It appears that a Mr. Parkinson sought to attack the vaccination law by requiring a fresh hearing in a case heard on February 24, 1915, in which a man named Thomas Smith was fined £2 with 16s. 6d. costs for failing to have his child vaccinated. The claim was based on Section 213 of the Public Health Act, which renders a person liable to a heavy fine or to imprisonment if he uses small-pox matter for the purpose of vaccinating. It was further argued that there was no vaccinia in Australia, and that all Australian vaccine was variolous. In reply to an objection of the learned Judge, the counsel for the appellant contended that a person who aids and abets in a wrong doing is equally liable with the person who actually commits the offence. The decision of the Court was based on the fact that section 204 of the Health Act requires every parent in the State of Victoria to cause his child to be vaccinated within six months of its birth, and that this section is quite distinct from section 213. The interpretation placed on these two sections in conjunction with one another was that parents were compelled under penalty to have their children vaccinated, and doctors were required to use vaccine from the cow, or, if they thought fit, vaccine coming indirectly through a cow or through a human being. It was the object of the section to prohibit inoculation of small-pox, but vaccination could be carried out with any form of lymph which could be described as vaccinia lymph. Under these circumstances, the order *nisi* to review the decision of the magistrates was discharged with costs.

THE NEW ABATTOIRS AT HOMEBUSH.

The new Government Abattoirs at Homebush, New South Wales, were declared opened by the Premier on April 7, 1915. A large gathering of interested persons inspected the buildings and their equipment, and was present at an official luncheon at which the Honourable F. Flowers and the Premier delivered speeches. The former, as President of the Meat Industry and Abattoirs Board, pointed out that there could be no second opinion as to the necessity for the erection of up-to-date abattoirs. He thought that those who had seen the immense structures, and the large provision for the slaughtering of animals under hygienic conditions would recognize at once the cause of the delay. There were no abattoirs in Australia which were sufficiently up-to-date to serve as a model, and the architect, engineers, and other experts had had a specially difficult task in evolving the scheme on the basis of which the new abattoirs had been erected. He complimented the Director-General of Public Works and the Government Architect on the exceptional work they had performed. While economy had been exercised, efficiency had not been sacrificed to it. Mr. Flowers made some further remarks on the duty of the State, as the guardian of the public health to look after both the meat and the milk supply.

Mr. Holman remarked that the opening of the abattoirs was the first material step which the Government had been able to take in reforming the food supply of Sydney. Thirteen years ago the Public Works Committee had reported in favour of the establishment of suitable abattoirs. The estimated expenditures was £150,000. The scheme had been adopted as long ago as 1908, and when completed would have cost about three quarters of a million pounds sterling. He expressed the opinion that nowhere in the Southern Hemisphere, and perhaps nowhere in the world, could abattoirs as fine as these he had just opened be found. He had given considerable thought to the question of the reduction of prices, but had come to the conclusion that it was a better policy to ensure properly treated and healthy food at a moderately high price than to reduce the price without consideration of quality. In the abattoirs the State would be responsible for everything and the people could be assured of the maximum of cleanliness and efficiency with a minimum of cost.

We hope in a future issue to be in a position to publish a full description of the new abattoirs.

The following instructions have been issued by the Department of Public Health, New South Wales:—

Transmission of Specimens to the Microbiological Laboratory, Department of Public Health.

Specimens of Sputum for Tubercle Bacilli.—These should consist of a moderate amount of typical expectoration, preferably that first coughed up in the morning, forwarded in a small, wide-mouthed bottle which has been boiled, and is securely stoppered with a well-fitting, clean, boiled cork. If an examination for tubercle bacilli only is required, and not for any other organisms as well, a small quantity of 1 in 20

carbolic acid may likewise be added. Small jars fitted with metal tops are highly undesirable, since they almost invariably leak. The bottle must be enclosed in a small, stout wooden box, sufficiently strong to prevent any possibility of danger of breakage through the post.

Swabs for Diphtheria.—On application to the Microbiological Laboratory sterilized swabs will be forwarded to practitioners. If these are not handy a small piece of cotton wool should be rolled round a piece of galvanised wire about six inches long, or a straightened hairpin, and this, after thorough smearing over the membrane on the throat, should be placed in a sterilized test tube or medicine bottle, and forwarded securely wrapped round with cotton wool, in a suitable wooden box. Large swabbings made by seizing a piece of wool in forceps, and applying to the throat, are highly unsatisfactory and difficult to handle. When wire is not available a piece of clean wood could be whittled down to form a suitable stick. The thickness of the swab end should not be much more than the diameter of a screw, such as is used for screwing on galvanized iron.

Blood for Widal Reaction.—This should be collected in a Wright's bent pipette. The diameter of the bore is a little less than that of a thin lead pencil, whilst the ends are drawn out. Blood forwarded in capillary tubes is very difficult to handle.

Specimens of Urine, Pus, etc., should be forwarded in small sterilized bottles, with sterilized corks, carefully wrapped round and placed in wooden boxes.

Specimens for Gonococci should consist of a smear made on a glass-slide from the discharge, thinned out and rapidly dried in air.

Blood for Wassermann's Test should consist of not less than 5 c.c., obtained by means of a large barrel syringe from one of the veins near the elbow, after sterilization of the skin, and forwarded in a securely corked test tube, or similar phial carefully wrapped round, and sent in a wooden box.

In the Post Office Regulations, pathological specimens must have written or printed on the outside the words, "Specimen for Bacteriological Examination." The specimen must be in a receptacle hermeticaly sealed, which receptacle must be placed in a strong wooden, leather or metal case, in such a way that it cannot shift about, and with a sufficient quantity of some absorbent material, such as cotton wool, so packed about the receptacle as absolutely to prevent any possible leakage from the packet in the event of damage to the receptacle. The specimen can only be sent by registered packet post.

All specimens for examination in the Laboratory should, to prevent delay, be addressed to the Secretary, Department of Public Health, and clearly endorsed "Microbiological Laboratory."

The specimens must be accompanied by a written request from the medical man in charge, indicating the nature of the examination required, together with such clinical or other details as will guide the microbiologist in making his diagnosis.

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Naval and Military News.

THE AUSTRALIAN BRANCH OF THE BRITISH RED CROSS SOCIETY.

Everyone has some duty to perform to society. Under ordinary conditions, many men and women are satisfied to put into practice the threadbare adage of "Charity begins at home," and in the pursuit of pleasure and selfish interests fail in their duty. Governments cannot undertake the whole responsibility of making provision for all emergencies, and even in those which occur with clock-like regularity, success is difficult of attainment without some voluntary supplementation.

The history of British voluntary aid in sociological matters teaches quite definitely that as soon as the necessity of a definite action is demonstrated, the action is carried out with a moderate degree of completeness. Too often those, who undertake the organization and who contribute to this end, do so ostensiby with the claim of recognition and with the desire for public thanks. If this work is a duty, special recognition should not be expected, and the knowledge of having done well should be the worker's sufficient reward. Each citizen should endeavour to find out what work he can perform with advantage to his fellow citizens or to those who will follow him in the course of time, and devote as much time as he can to the performance of this work. Otherwise, he will live a wasted life.

In the great national calamity of war, voluntary effort has always been needed to supplement the efforts of the responsible Governments. In the present war, with its unprecedented magnitude, with the inflexible determination of each participating nation, and with the hellish destruction effected by the misapplication of scientific thought and ingenuity, the need of this form of activity is so marked, that men and women no longer have to think what they can do, but are faced almost automatically with the duty which their training or natural gifts impose on them. Men of all ranks and occupations have taken up arms to safeguard the stability of the British Empire. Doctors and nurses have joined the army medical forces, ready to tend to the wounded and sick on the field of battle or in the various hospitals placed beyond the firing line. Ambulance drivers, stretcher bearers, and a host of others have taken on duty in the danger zone or its immediate vicinity. Those who have not joined the forces, in so far as they have not any special State duties to perform connected with internal or external affairs, should find but little leisure if they take on part of the work of those who have left for the front as well as their own. There are a thousand and one ways in which every one can help, quite apart from the mere giving of money, which naturally should be proportionate to the individual's means, and which should never form a reason for boasting.

Of all the voluntary aid work, that conducted by the British Red Cross Society comes nearest to the ideal. The organization in France and Belgium is said to be well nigh perfect. Red Cross ambulances, Red Cross linen, Red Cross nurses, and Red Cross articles have played a large part in the war up to the present, and will continue to fill gaps which the Government of Great Britain wisely does not attempt to fill.

The oldest Australian Red Cross Society is that which now bears the title of the New South Wales Division of the Australian Branch of the British Red Cross Society. It was founded, or rather, inaugurated, in the month of October, 1913, but beyond the appointment of a committee for emergency, no actual work was undertaken. On the outbreak of war, Her Excellency Lady Helen Munro Ferguson obtained the consent of the mother Society to the organization of an Australian Branch. Her Excellency became President of the Branch, and divisions were formed in each State, the Presidents of each of which were the wives of the Governors. The work was pushed forward as rapidly as possible. Depôts were established in the chief cities. The Central Depôt found a home at the Federal Government House, in Melbourne, while the Branch Depôts were set up in the Town Hall, Sydney, and in the Government Houses in Adelaide, Perth, Brisbane and Hobart. The first step in the organization was the formation of committees, and then voluntary workers were sought and found in numbers to carry out the work. The public was asked to subscribe, and did so promptly and, taking the large number of calls made at this time into consideration, generously. The organization of centres in each State proceeded without loss of time, and a host of women, both as individuals and in collaboration, dedicated articles required.

The work of the Depôts is quite simple, but needs energy and care. Goods received are sorted out and articles of clothing, etc., are tied up in bundles of ten. These are then packed in cases measuring 2 feet by 3 feet, and the contents marked on the outside of the lid. Several business firms pay the wages of a skilled packer, who devotes his whole time at the Depôts. In this central work, women's clubs, leagues and other organizations have taken a prominent part. In addition, the Boy Scouts have made themselves exceedingly useful.

Up to the end of February, approximately 3000 cases and bales of clothing, etc., were despatched from Melbourne, and a similar number from Sydney. The value of the goods sent is estimated at about £70,000. In addition, frozen meat, milk foods, eggs, butter, fruit, jams, etc., have been

sent from Sydney. These goods are carried free of freight charges. The Central Depôt deals with part, but not all, of the material and money being sent to England. In regard to clothing, it is stated that about 34,000 pieces of clothing from Australia are distributed to men in hospitals each week. This includes the distribution at the Rest Stations, and the Bath Houses, which have been erected in the rear of the trenches. The demand for clothes and money made on the British Red Cross Society is very great, and difficulty is experienced in meeting it. It is therefore necessary for the Australian Branch to continue its labours, and Her Excellency Lady Munro Ferguson informs us that the workers are still exhibiting unabated energy, and that contributions are still being received, both at headquarters and at the various centres throughout the Commonwealth.

Considerably over £100,000 has been collected. Up to the end of February, Victoria had contributed £43,350, New South Wales £20,000, South Australia £15,000, Tasmania £5,000, Queensland £17,500, Western Australia £1,700, Northern Territory £1,500 and Norfolk Island £220. In addition, some money has been sent direct from New South Wales. The amount of money remitted to England amounted to over £79,000, and this has been expended on hospitals, ambulance trains, rest stations, convalescent homes, etc. It is calculated that the various establishments under Red Cross control cost about £10,000 a week to maintain. The Australian Branch has therefore contributed about 26% of the total sum needed to keep these institutions going during the first 30 weeks of the war. £10,000 of the money sent home has been specially allotted to the Australian Hospital units, and will be expended for their benefit by Surgeon-Major Williams.

The list of motor ambulances presented to the authorities is a long one, and included gifts from private individuals, from Societies, etc., and from the funds collected by the Red Cross Society in Australia. £3000 sent from New South Wales to England was ear-marked for this purpose, while smaller sums were also set aside out of the contributions from other States.

The first call upon the Branch came within four days of its organization, when clothing, foodstuffs and mosquito netting was required for New Guinea. New South Wales undertook this task, and within 48 hours despatched these requirements to the value of £1100. Later, a further shipment, valued at £760, was applied for, and was sent in November. The New South Wales Division undertook a special work in supplementing the equipment of the New South Wales No. 2 General Hospital. Clothing, nourishing food and comforts and a complete X-ray outfit, as well as motor ambulances, were supplied. In addition to the comforts, etc., sent home, and to New Guinea, the Society supplies the men in barracks with some extras, and also provides additional equipment for each transport leaving the Commonwealth.

The New South Wales Division has further undertaken the equipment and maintenance of three huts to accommodate 60 patients at Netley Hospital for the year 1915. A voluntary aid department has been formed under the supervision of Lieutenant-Colonel Reuter Roth. First-aid and home nursing classes are being held under the auspices of the St. John Ambulance Association throughout the State, and a large number of women are in training for work which may be required of them in connexion with this form of voluntary service. Contributions are being made to Belgian and French Red Cross Societies and to the Indian Soldiers' Fund.

The Queensland Division consists of some 173 suburban and country sub-divisions. The activity is very similar to that of the New South Wales Division. Extra comforts, invalid clothing, etc., are supplied to the various transports, while hospital clothing is supplied to the Enoggera Camp. It is stated that close on £5000 has been spent on material and wool for garments, and, further, that the energy and liberality in North Queensland has been strikingly evident.

The organization in South Australia was placed at an early date into capable hands, and within a short time, circulars, patterns and explanations were posted to every Mayoress or District Council in the State. Notwithstanding the calamity of the drought, a good response was made to the appeal. The ambulances attached to the South Australian contingent have been supplied with those extra comforts and necessities asked for, such as floor coverings, sprays, operating gowns, extra clothing and linen. The sum of £200 was devoted to the same purpose in connexion with the 1st Stationary Hospital. The men of the contingent from this State have received 3000 woollen articles on leaving Australia. The sum of £560 has been ear-marked for the benefit of Lady Dudley's Hospital Fund.

In Western Australia, similar steps have been taken. Two special appeals were received. The first was for extra surgical and medical necessaries, in addition to the equipment supplied by the Defence Department for the Hospital Ship *Kyarra*. The second was for similar objects for the 4th Field Ambulance connected with the Second Expeditionary Force. Both requests were met.

In Tasmania a General Committee was formed in August, 1914, and the work was divided among the Executive Committee, the Work Committee, and the Finance Committee. At first her Excellency, Lady Elenor Macartney, was appointed Patroness, and the Mayoress of Hobart President. At the end of 1914, however, her Excellency became the President and the Mayoress Chairwoman. A Voluntary-aid Committee undertook the co-operating work with the St. John Ambulance Association. From the initiation of the movement the Committee forwarded £700 each month, with the exception of December, when £1,000 was sent. In addition, £5,000 worth of goods had been forwarded. The island was divided into two portions for practical purposes, and worked by two separate sets of committees.

It will thus be seen that, thanks to the promptness with which the organization, both in Melbourne and in each capital city, was achieved and to the wholehearted manner in which the Red Cross workers have accepted their duty, the work of the Australian Branch has been of the greatest value to the Empire, and represents a wise co-ordination of active endeavour with the contribution of money and money's value in kind.

ST. JOHN AMBULANCE BRIGADE HOSPITAL.

The Army Council has recently approved of the offer made by the Order of St. John in London to provide and maintain for a period of six months or longer a general hospital containing 525 beds. The hospital is to be situated either in England or on the Continent, and will be known as the St. John Ambulance Brigade Hospital. The medical and nursing staff will be derived from members of the St. John Ambulance Association, and the Chief Commissioner will be in charge. The proposal has met with the approval of the Red Cross Society. A large amount of money will be needed for this scheme, the cost of maintenance being estimated at £52,500 per annum.

St. John Ambulance Association is a survival of the old religious order of the Hospital of St. John of Jerusalem, which was founded in the eleventh century. Its original purposes were religious teaching and the healing of the sick. Through the centuries lying between its foundation and the present, the fortunes of the hospital were varied, the knights being driven from place to place, and often disbanded. The only permanent home which it has possessed is that existing to-day in Clerkenwell, where the English hospital was allowed to stand. With the passing of the medical functions of the Church, the Order sought to fill a sort of connecting link between the religious aspect of the work and the medical profession. Out of this compromise, the work of ambulance and training in first-aid has developed. The Association, as it exists to-day, is not, strictly speaking, a religious body; nor is it a medical one; but in the name of charity and of the public weal, it seeks to train persons for emergencies of life, and undertakes the transport of those who are taken ill or who meet with accidents away from their homes.

In Australia, the movement has been variously developed. In each State, the St. John Ambulance Association exists as a training body, and in Victoria and South Australia, ambulance duties are carried out.

In New South Wales, the Civil Ambulance and Transport Brigade, which is affiliated with the Association, but is quite separate from it, undertakes the work of the transport of persons. The work of this Brigade has been noticed

in the columns of *The Medical Journal of Australia*. The first-aid classes and examinations are conducted in accordance with the regulations of the Association in England.

An announcement has been made in the public press on April 8, 1915, that the Minister of Public Health proposes to offer a subsidy to this Transport Brigade of £1 to each £1 subscribed by the public, on the condition that he has the nomination of one half of the members of the Committee, and has the right to appoint its chairman. The amount of the proposed Government subsidy will be limited to £4,000. By this means, it is suggested, that the Brigade will be placed on a sound business and financial footing, which unfortunately has not been the case in recent times, and further that it will enable the Committee to extend its activity.

In Brisbane a similar arrangement obtains. The ambulance work is undertaken by the Queensland Ambulance Transport Brigade, which has achieved a great deal during its existence. A little time ago, the medical profession in Queensland did not extend its full approval to the working of this Brigade, but these differences are now things of the past, and Dr. Brockway, the President of the Queensland Branch of the British Medical Association is a prominent member of the Brigade. The annual meeting of this Brigade was held on February 25, 1915, and the report submitted to the subscribers revealed a most laudable activity.

In Perth, the work of transport is carried out by the members of the Fire Brigades, motor ambulances being kept at the Central Fire Station and at the Fremantle Fire Station. The St. John Ambulance Association of Western Australian energetically prosecutes the training in first-aid. During the year ending September 30, 1914, no less than 1422 persons attended the classes, and of these, 820 passed the examination tests.

In Victoria, the St. John Ambulance Association undertook the duty of transport in the year 1903. The work has been carried out with extraordinary energy and despatch, and the fact is recorded in the last year's report, that no less than 6,953 calls were attended to, and 51,323 miles covered by the ambulances on duty. This testifies to the efficiency of the Brigade, taken together with the evidence of the medical profession of promptness and courtesy of the employees. The Association in Melbourne has four motor ambulances and two horse ambulances for emergency work. No less than 21 men are employed, and the brigade is open to call at any time of the day or night. In addition to this highly important work, the Association carries out the function of first-aid training, and a constant stream of efficient men and women pass the tests and are fitted for duty as circumstances may determine. It is a particularly unfortunate fact that the municipalities have not yet realized the importance of the work undertaken by this centre of the St. John Ambulance Association, and do not contribute anything like enough to keep it in funds. The Government has, for the first time last year, granted a subsidy on the condition that the municipalities should be asked to increase their subscriptions to an adequate extent. There is a deficient of over £1500, which should be removed by the local authorities without loss of time.

In South Australia, the St. John Ambulance Association has undertaken transport work in Port Adelaide, where 13 litters and 16 chests are available for the work. The centre is quite new, and promises to do well. In Adelaide itself, the police and Messrs. Graves, Hill & Co. undertake the transport work. The work of first-aid training is extensive. Last year (up to March, 1915), 50 classes were formed, 1084 members attended, and of the 731 who presented themselves for examination, 651 were successful. The current year's annual report has not yet been received.

It will thus be seen that the activity of St. John Ambulance Association in Australia is considerable, and that there is every reason for the public to regard this movement with favour.

The following appointments have been gazetted:—

Army Medical Corps.

To be Lieutenant-Colonel—

Major A. Horn, Australian Army Medical Corps.

To be Majors—

Captain J. H. Phipps, Australian Army Medical Corps.

Captain P. G. Dane, Australian Army Medical Corps.

Captain A. H. Moseley, Australian Army Medical Corps.

Captain S. R. Burston, Australian Army Medical Corps.

Captain F. H. Makin, Australian Army Medical Corps.

To be Captains—

Captain W. L. Crowther, Australian Army Medical Corps.

Captain C. L. Chapman, Australian Army Medical Corps.

Captain G. C. Byrne, Australian Army Medical Corps.

Captain L. Cowlishaw, Australian Army Medical Corps.

Captain (Temporary) E. Culpin, Australian Army Medical Corps.

Captain (Temporary) I. M. Bourke, Australian Army Medical Corps.

Captain (Temporary) V. W. Savage, Australian Army Medical Corps.

Captain (Temporary) T. J. Frizell, Australian Army Medical Corps.

Captain (Temporary) J. A. James, Australian Army Medical Corps.

Captain (Temporary) A. T. Dunlop, Australian Army Medical Corps.

Captain (Temporary) E. R. Cordner, Australian Army Medical Corps.

Captain (Temporary) A. P. Drummond, Australian Army Medical Corps.

Honorary Captain F. M. Johnson, Australian Army Medical Corps Reserve.

Francis Spencer Bond.

Geoffrey Hampden Vernon.

Honorary Captain W. J. W. Close, Australian Army Medical Corps Reserve.

Honorary Captain D. de C. Browning, Australian Army Medical Corps Reserve.

Honorary Captain J. Kenny, Australian Army Medical Corps Reserve.

John Macdonald.

Joseph Patrick Fogarty.

Guy Brooke Bailey.

Jeffrey Willmott Wilkinson.

Denis John Wolko Browne.

Hospitals.

BRISBANE HOSPITAL.

At the annual meeting of the subscribers to the Brisbane Hospital, held on April 8, 1915, His Excellency the Governor of Queensland expressed the opinion that the hospital was well managed and that the cost of maintenance, which worked out at a fraction over 4s. 10d. per patient per diem, compared favourably with other hospitals in other parts of the world. He dwelt on the incongruity of the Act of 1865, which provided for the appointment of the majority of the committee of management by the Government, while it did not place on the Government the financial responsibility of the institution. He also referred to the fact that the municipalities accepted no responsibility, and had contributed but a small proportion of the funds needed by the hospital. The generous public had, in the past, raised no objection to the provisions of the Act, and appeared to be content to allow the Government the major say in the management, while it raised large amounts in funds. In spite of the large calls made on the people by the various patriotic funds, it was essential that a permanent institution must not be allowed to fail on account of want of generosity. It would be difficult to bring the institution up again, if it were allowed to fall into arrears. The people should increase their subscription, if this be possible. He congratulated the committee and the staff on their successful work.

Mr. Allan, M.L.A., in moving a vote of thanks to the workers, attempted to protect the Government by pointing

out that, while it elected the majority of the members of the committee, it also found two-thirds of the cost of maintenance. In connexion with the cost of erecting the new operating theatre, the Government had contributed one-half, while the other was given by Mrs. Walter Hall.

Her Excellency Lady Goold-Adams distributed the prizes won by the nurses in the training school.

The Annual Report of the Brisbane Hospital contains more of general than of particular medical interest. In the part devoted to the hospital work proper, it is stated that 5596 persons received treatment during the year 1914. Of these, 5350 were admitted as fresh cases, the remainder having been in hospital at the close of the previous year. The number of patients dying in the hospital was 349, and of those discharged, 4632 are said to have been cured or improved. No less than 48 patients were discharged to asylums. The daily average number of patients resident in the hospital was 266. Excluding the patients who were admitted *in extremis*, and who died within 24 hours of admission, the hospital mortality works out at 5.2%.

In the Out-Patient Departments, 8331 persons received 26,071 attendances. The details of the nature of the various diseases are not given, but will, it is assumed, form the subject of the fuller report.

Four Medical Officers and seven Sisters and Nurses had been granted indefinite leave of absence for the purpose of serving with the expeditionary forces. The Committee of Management placed 50 beds in the Hospital at the disposal of the Defence Department. Considerable use had been made of this arrangement. By request of the Director-General of Medical Services, provision had been made for imparting, by lectures and practical instruction, some knowledge of the general principles of nursing and hospital routine to members of the Australian Army Medical Corps.

The changes brought about by the departure of the members of the medical staff for the front were as follows: Dr. Morgan has become a Visiting Surgeon, Dr. Weedon and Dr. Bourne, Assistant Surgeons, Dr. Douglas and Dr. Hemsley, Assistant Physicians. Dr. McKenna has been appointed Assistant Gynæcologist. All these appointments are in the nature of the circumstances necessarily temporary. Dr. John Hardie has been appointed to the position of Medical Superintendent during the absence of Dr. J. B. McLean.

It is stated that the Seaside Convalescent Home has proved of great use to the patients, who, but for its existence, would have been compelled to return to their homes in an unfit condition. No figures or other details are given.

During the course of the year, the new operating theatre has been completed, and was opened on October 12, 1914, by the Honourable D. F. Denham, the Premier of the State. A brief notice of this event has been published in *The Medical Journal of Australia*, October 24, 1914, p. 405.

Definite arrangements had been made by the Committee for the establishment and equipment of a pathological department, to be situated in the old operating theatre. This plan has, however, been postponed, partly because the theatre has been claimed for military patients, and partly because it was thought inexpedient to make the appointment of a Pathologist at the present time.

Progress is reported in the rebuilding of the Out-Patients' Department and of the Nurses' Quarters. Other renovating work has also been undertaken during the year.

The finances of the hospital are not as satisfactory as would be wished. The expenditure exceeded the income by £1513. Under the present exceptional conditions, the cost fo maintenance is necessarily high, while the contributions are considerably lower than during normal times. In January last, the Committee issued an appeal for £4380 to meet current expenses, but up to the end of March, only £680 of this sum had been received. Voluntary contributions in 1911 amounted to £6159, in 1912 to £5470, in 1913 to £4742, and in 1914 they only reached £4494. The Government subsidy in 1911 was £12,000, while in 1914 it was only £9000. In this way the Hospital had found itself approximately £4500 short during the year, and the cost of maintenance was considerably greater. It is hoped that the £3700 required to keep the Hospital solvent will be forthcoming before the beginning of July. The total sum expended was £23,889.

The income of the Hospital may be divided into: (*a*) annual subscriptions, donations from patients, boxes, Hospital Saturday Fund, co-operative contributions, patients' payments, entertainments, etc.—over £7000; (*b*) endowment, base hospital allowance—over £14,000; and (*c*) interest on legacies and other moneys—over £750.

During the year the legacies amounted to £1368 10s., which brings the total of legacies received during the past 26 years to £11,933 19s. The Committee is indebted to the Government to the extent of £7264 on account of loans for building and other expenses.

CHARTERS TOWERS DISTRICT HOSPITAL.

At the annual meeting of subscribers to the Charters Towers District Hospital, the President presented the committee's report for the year 1914. The revenue amounted to £5,604, and the expenditure to £5,331. From the balance sheet it appears that the income derived from donations, contributions, payments by patients, interest on deposits and proceeds of entertainments, amounted to £2,017, while the Government endowment was £3,586.

On January 1, 1914, 63 in-patients were under treatment, and during the year 851 were admitted. Of the 914 patients, 778 were discharged as cured or relieved, 72 died, and the remainder were in hospital on the last day of the year. In the Out-patient Department 2,803 new cases were dealt with.

The Board has made some additions to the Nursing Staff, and has re-organized the conditions of work, limiting the hours of duty to approximately 8 hours a day. It is stated that the change has proved satisfactory.

The Resident Medical Superintendent, Dr. Kelly, was absent on military service for three months, during which time Drs. Woodburn-Stevens, J. A. Forrest, H. M. Lister and W. J. Fearnley carried out his duties.

THE GOULBURN HOSPITAL.

The Board of Management of the Goulburn Hospital appears to experience some difficulty in accommodating the patients applying for admission. The Board has called the attention of the Department of Public Health of New South Wales to the overcrowding of the hospital, but up to the present no steps have been taken to remedy the defect. It is stated that some patients have been placed on beds made up on the floors of the wards, and in a few cases two patients were required to occupy one bed. Complaints are made that patients suffering from infective diseases were placed on verandahs; but this practice is probably one of the best methods of treating these diseases. On the other hand, the nurses have insufficient accommodation, and have to sleep in odd corners. The Health Department has now recognized the serious nature of the complaint, and, as a result of enquiries, a temporary building will be erected for 20 patients, while additional accommodation will be provided for the nurses.

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The Council of the Victorian Branch of the British Medical Association entertained Dr. J. Ramsay Webb and Dr. F. Miller Johnson at dinner at Scott's Hotel, on April 3, 1915. Both these gentlemen are leaving Australia for the front. Dr. A. Honman, the President of the Branch, occupied the chair, and another guest, Colonel C. H. W. Hardie, was also honoured.

Dr. Honman expressed the views of the Council in wishing his colleagues good luck, and success. The three guests replied in patriotic and well chosen words.

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Volume No. II. of the *British Medical Journal* of 1901 has been missing from the Library of the New South Wales Branch for a considerable time. The Honorary Librarian will be obliged if the gentleman who borrowed it will return this volume at his earliest convenience. Should any member have a complete volume which he is prepared to dedicate to the Library, the Honorary Librarian would be grateful for the offer, in the event that tne missing volume cannot be traced.

Special Correspondence.

(From our Special Correspondent.)

LONDON LETTER.

The Royal Army Medical Corps.

In a recent issue of "The Globe" there appeared a very interesting article dealing with the history, development, and present position of the Royal Army Medical Corps. The origin of the Corps seems to date from about the middle of the seventeenth century, when a small association of regimental surgeons and apothecaries was formed to serve impartially with both the army and navy. Until well into the nineteenth century officers frequently held two commissions, and served in the double capacity of captain and surgeon, or of lieutenant and surgeon's mate.

The first Medical Staff Corps was created by Royal Warrant of June 11, 1855, but it was a failure, partly on account of the absence of any military feature in its organization, and because the officers were given no military authority in the hospitals. It was succeeded by the Army Hospital Corps, on September 30, 1855. In the meanwhile, and until 1873, medical officers continued to be appointed to regiments, with which they continued to do duty during the greater portion of their careers. The system was popular with all ranks, for there was no more deservedly respected officer in the regiment than the surgeon. In 1858 a Royal Commission, under the presidency of the Right Hon. Sidney Herbert, introduced several changes which tended to the ultimate benefit of the Army Medical Service.

In March, 1873, a Royal Warrant was issued which placed the officers in a department of their own; this was very much in accordance with the wishes of the officers themselves, who had been urging for a long time their reasonable demand for a corps organization in which they would be able to control their own department. In 1884 the officers were designated the Medical Staff, and the rank and file the Medical Staff Corps; and in 1891 compound titles, which were never popular, and were doomed to failure, were introduced. The medical service of the army is now known as the Royal Army Medical Corps. Its officers enjoy full substantive titles, and are entrusted with the entire charge of the men of their Corps.

The duties of the Royal Army Medical Corps in time of peace include the general treatment of sick officers, men, women, and children, military santitation and hygiene, in keeping all ranks fit for the test of war, the examination of recruits for the Army, and the invaliding of soldiers, with the management and control of the various hospitals, and the command, discipline, and interior economy of the corps. In war time the duties are of an exceptionally arduous and responsible nature, frequently in tropical and unhealthy countries, against savage and warlike nations. Medical officers nowadays have even to acquire a knowledge of the general tactical situation during a battle, so that they may issue such orders as will ensure a proper medical service at the points where most needed, and enable them to place field hospitals and dressing stations accurately. The medical needs of the present campaign have been met with a completeness previously unknown, and all accounts tell the same story of bravery and devotion on the part of officers and men.

At the present moment both officers and men are needed, especially for the Territorial department of the service. They are asked to join for the period of the war only, and are gazetted lieutenants, with good chances of rapid promotion. Men joining as privates must be of good physique and education. They wear the Red Cross armlet, as prescribed by the Geneva Convention, and are not armed. Though not essential, some knowledge of first-aid work is a recommendation. The prescribed age is from 19 to 38. The pay is according to the following scale per day:—

Private, 1s. 2d., with 4d. extra when efficient.
Corporal, 2s. 1d., with 8d. extra when efficient.
Sergeant, 2s. 8d., with 1s. extra when efficient.

There is a kit allowance of 2d. a day and a maintenance allowance of 2s. a day, or 1s. 9d. a day if billeted out. For married men or men with relatives dependent upon them there are weekly separation allowances according to the following scale, the ranks taken being those of private and corporal:—

	Paid by Man.		Paid by State.	
Wife	3s. 6d.	..	9s. 0d.	— 12s. 6d.
Wife and one child	3s. 6d.	..	11s. 6d.	— 15s. 0d.
Wife and 2 children	3s. 6d.	..	14s. 0d.	— 17s. 6d.
Wife and 3 children	3s. 6d.	..	16s. 6d.	— 20s. 0d.
Wife and 4 children	3s. 6d.	..	18s. 6d.	— 22s. 0d.

For each child above four the State pay an extra 2s. a week.

The Latest "Victoria Cross" List.

Out of the list of 12 heroes who have been decorated with the Victoria Cross, and whose names were published on February 18, it seems invidious to select any for special mention. Two, however, stand out conspicuously, and one of the two has a personal interest for medical men, because he is a member of the R.A.M.C.

Lance-Corporal Michael O'Leary, of the 1st Battalion Irish Guards, performed a deed of great valour at Cuinchy, which is officially recorded as follows:—"He rushed to the front and himself killed five Germans who were holding the first barricade, after which he attacked a second barricade, about 80 yards farther on, which he captured, after killing three of the enemy, and making prisoners of two more. Lance-Corporal O'Leary thus practically captured the enemy's position by himself, and prevented the rest of the attacking party from being fired upon.

"Touchstone," in the *Daily Mail* of Friday, February 20, sums up in the ear-catching metre of an Irish ditty, O'Leary's Homeric feat:—

Have you heard of Mike O'Leary,
Of the Cuinchy barricades,
Held by half a score of Germans
With their bullets and their blades?
How he took them at the double
With his bayonet and his gun,
Though themselves had got the cover
And the odds were ten to one?

Sure the Huns were quite dumbfounded
And to bolt they felt inclined,
But O'Leary smote them grievous
And they had to stay behind!
Faith his manner was so pressing
That they couldn't say him nay.
For St. Michael he was fighting
With his Irish lad that day!

Two prisoners he captured,
But eight had gone to rest,
And soon he will be wearing
The Cross upon his breast.
And I hear the shades tumultuous
Of the ancient Irish bards
Crying, "Slainte! Mike O'Leary,
Of King George's Irish Guards!"

Lieutenant Arthur Martin Leake, of the Royal Army Medical Corps, was awarded the Victoria Cross on May 13, 1902, and is now granted a Clasp "for most conspicuous bravery and devotion to duty throughout the campaign, especially during the period October 29 to November 8, 1914, near Zonnebeke, in rescuing, while exposed to constant fire, a large number of the wounded who were lying close to the enemy's trenches."

Lieutenant Martin Leake is the only man, besides Lieutenant-General C. J. S. Gough, K.C.B., who has been awarded the clasp to the V.C. medal. He was educated at University College Hospital, and when the Boer War broke out he was in charge of a hospital at Hemel Hempstead. He went to South Africa in 1900, with the Hertfordshire Yeomanry, and when that regiment returned he joined General Baden-Powell's Police. In September last year he rejoined the Army, and was given the rank of Lieutenant. He was in practice at Ware, Hertfordshire.

The Health of the Army.

A Parliamentary return published on February 16 states that no cases of typhus or cholera had occurred in the

Expeditionary Force up to February 11. Typhoid claimed 625 soldiers, of whom 49 died; scarlet fever 196, with four deaths; and measles 175, two cases of which proved fatal. The figures for smallpox, diphtheria, dysentery, pneumonia, and cerebro-spinal meningitis are not yet available. The typhoid cases include 25 Indians, four of whom succumbed to it. Five Indians contracted measles, but not with fatal results.

The returns for British troops in the United Kingdom are:—Typhoid fever, 262 cases and 47 deaths; smallpox, one case; scarlet fever, 1,379 cases, and 22 deaths; diphtheria, 783 cases and 6 deaths; measles, 1,045 cases and 55 deaths; dysentery, 215 cases and 1 death; pneumonia, 1,508 cases and 301 deaths; cerebro-spinal meningitis, 82 cases and 26 deaths.

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Correspondence.

VENESECTION IN PNEUMONIA.

Sir,—I am in full accord with Dr. Embly in his conclusion on this subject, and with Dr. Cribb's letter in the issue of March 20.

Venesection, since the wholesale use of it in the days of the blood-letting surgeons, has practically ceased to be performed. I can remember two cases where the performance of venesection undoubtedly had a beneficial result on the illness. I was called to a woman who had been ill four days with lobar pneumonia. Despite the orthodox treatment, she was comatose next day with a feebly acting heart, due to very marked distension of the right side by pneumonia, two fingers' breadth to the right of the sternal line. Respiration was of the Cheyne Stokes variety. I performed venesection, withdrawing over 20 ounces of blood. She passed a fair night, but her condition had become next morning the same as before venesection. Again I performed venesection, with results that were temporarily satisfactory. Again next day venesection (the third time) was undertaken. On each occasion the patient was so far comatose as not to stir during the operation, although not any anæsthetic was used. After venesection had been performed the third time she rallied, regained consciousness, and the crisis occurred next day. The convalescence was entirely uneventful, except for a slight sero-purulent discharge from the wound in the right arm. Altogether between 50 and 55 ounces of blood were withdrawn.

The second case was a secondary pneumonia, due to back pressure from a heart, the aortic orifice of which was stenosed. I was first called to this case on account of violent epistaxis. After several days the patient became so cyanosed and dyspnœic that the end seemed near, when the relatives agreed to venesection being performed. I withdrew over 20 ounces of blood, with almost theatrical results, as the patient became quiet, and slept peacefully for several hours, and within 14 days was about again at his usual quiet work.

These two cases convinced me that venesection is a valuable adjunct in any illness where the right heart is disturbed and over-loaded. Since then I have had occasion to call the operation into use in less desperate cases, but with equally satisfactory results.

Yours, etc.,

NEVILLE J. DAVIS.

Bullahdelah, N.S.W., April 7, 1915.

THE TRAINING OF NURSES.

Sir,—An existing resolution of the Council of the Australasian Trained Nurses' Association precludes the registration of country private hospitals as training schools for nurses. The question of registration is raised from time to time, and I should be glad if those interested in this matter would communicate their views to me.

Yours, etc.,

235 Macquarie Street, Sydney, April 8, 1915. E. LUDOWICI.

Personal.

Dr. A. A. Doyle has resumed practice at the Union Trustee Chambers, George Street, Brisbane.

Dr. J. L. Selwood has removed to corner of King and Stanley Streets, East Brisbane.

Dr. St. John Dansey has commenced practice at Macquarie Chambers, Macquarie Street, Sydney.

Dr. Walton Smith has resumed practice at Pendower, Oxford Street, Sydney.

Dr. Donald Cameron has resumed practice at 108 George Street, Brisbane.

Dr. Harold Ward, late Resident Medical Officer at the Geelong Hospital, left for Europe on March 8, 1915. Before his departure he was entertained by his friends.

Dr. J. Ramsay Webb was entertained at the University Club, Melbourne, on March 6, 1915, and at Footscray on March 7, 1915, prior to his leaving for the front. Presentations were made on both occasions.

Dr. J. L. Wassell, the Government Medical Officer of Thursday Island, is suffering from acute septic poisoning.

Dr. Thring has returned by the *Maloja* after an absence from Sydney of close on a year. He has been acting as surgeon to the Australian Voluntary Hospital. It is announced that he proposes to return to the front at a later date should the war last.

Sir David Hardie, M.D., C.M., has left Brisbane by the *Orontes* for London.

Dr. David Thomas and his son (Dr. H. Thomas) were entertained by the citizens of Manly on April 8, 1915, prior to their departure to England. The Mayor of Manly and Middle Harbour presented Dr. Thomas with an address and an album of Manly views, and Dr. H. Thomas and Mrs. D. Thomas with souvenirs on behalf of the residents.

Dr. C. C. Berge has removed from Young, New South Wales, to Grenfell, having succeeded to the practice of the late Dr. R. E. Rygate.

Dr. Edgar J. Brown has been appointed Acting Inspector-General of Hospitals of South Australia during the absence of Dr. B. H. Morris.

Dr. W. Marshall Macdonald, of Dunedin, has left for Europe.

Dr. R. B. Minnett, of Melbourne, has left for England.

Mr. A. J. Robson, B.Sc., has obtained a commission in the Army Service Corps. Mr. Robson is a graduate of the Sydney University, and held the position of Rhodes Scholar in 1912.

Mr. F. Leverrier, K.C., has been re-elected Vice-Chancellor of the University of Sydney.

We regret to announce that Dr. Joseph Leathon Wassell, Government Medical Officer at Thursday Island, died on April 8, 1915. Dr. Wassell has been suffering from septic poisoning, contracted in March. An appreciation of Dr. Wassell's career will be published in a future issue of the *Journal*.

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Medical Appointments.

The following have been appointed members of the Medical Committee of the Honorary Staff of the Auckland Hospital:—Mr. Carrick Robertson, F.R.C.S., Honorary Surgeon; Mr. A. Kinder, F.R.C.S., Honorary Surgeon; Dr. C. B. Rossiter, Honorary Physician; Dr. Robert Bedfore, Consulting Physician; Dr. Ernest Williams, Honorary Physician; Dr. A. G. Talbot, Honorary Otologist, and Dr. Kenneth Mackenzie, Honorary Surgeon.

Mr. Robertson has been appointed Chairman of the Committee, and Dr. Mackenzie, Secretary.

Dr. E. A. Guymer has been appointed Resident Medical Officer at the Adelaide Hospital, in succession to Dr. Wibberley.

Dr. L. L. Davey has been appointed Officer of Health under Section 41 of the Health Act, 1898, to the Local Board of Health, Booyoolie, South Australia.

Dr. G. H. S. Zichy Woinarski, of Melbourne, has been appointed Government Medical Officer at the Pine Creek railway works, Northern Territory.

Dr. Gearin has been appointed Resident Medical Officer at the Warwick General Hospital in place of Dr. Lloyd.

Dr. Stuart M. Graham has been appointed Resident Medical Officer to the Women's Hospital, Surry Hills, New South Wales.

Dr. W. R. Tomlinson has been appointed Medical Officer, Department of Public Instruction, New South Wales.

Dr. Eric Jeffrey, of Hobart, has been appointed a Junior House Surgeon at the Sydney Hospital.

Dr. E. S. Holloway has been appointed Ship Surgeon to the troopship . . . . which sailed from Sydney on April 8, 1915.

Dr. G. H. S. Blackburne has been appointed Acting District Medical Officer and Public Vaccinator at Albany, Western Australia, during the absence on leave of Dr. Robinson.

Dr. John Oswald has been appointed Government Medical Officer at Barmedman, New South Wales, in place of Dr. W. B. H. Wood, resigned.

The following have been reappointed members of the Advisory Committee of New South Wales for the purposes of the "Pure Food Act, 1908":—

R. T. Paton, Esq., L.R.C.P., Ed.; F.R.C.S., Ed.; M.D., Univ. Brux., President of the Board of Health (who shall preside).
Professor C. E. Fawsitt, Professor of Chemistry, University of Sydney.
J. B. Cleland, Esq., M.B., Mast. Surg., Univ. Sydney.
W. G. Armstrong, Esq., M.B., Mast. Surg., Univ. Sydney; D.P.H., Univ. Camb., Senior Medical Officer, Office of the Director-General of Public Health.
J. S. Purdy, Esq., M.D., C.M. Aberd.; D.P.H., Camb., Medical Officer of Health, Metropolitan Combined Sanitary Districts.
W. M. Hamlet, Esq., F.I.C., F.C.S., Government Analyst.
T. S. Loney, Esq.
G. S. Littlejohn, Esq.
The Honourable J. G. Farleigh, M.L.C.
J. D. Fisher, Esq.

Dr. William Edward Brunskill has been appointed Public Vaccinator for the Northern District of Victoria, in place of Dr. Dovaston, resigned.

Dr. G. E. Cranstoun has been appointed Public Vaccinator for the South-eastern District of Victoria.

Dr. C. Ayres has been appointed Honorary Radiographer to the Sydney Hospital, in place of Dr. Herschel Harris, who resigned.

Dr. Eric Pockley has been appointed Honorary Assistant Ophthalmic Surgeon to the Sydney Hospital during the absence on leave of Dr. George Paul.

Medical Appointments Vacant, etc.

For announcements of medical appointments vacant, assistants, locum tenentes sought, etc., see "Advertiser," pages x. and xi.

Medical Journal of Australia, Assistant (part-time).

Hospital for Sick Children, Brisbane, Two Resident Medical Officers.

Births, Marriages, and Deaths.

The charge for inserting announcements of Births, Marriages and Deaths is 5s., which sum should be forwarded in money orders or stamps, with the notice, not later than the first post on Tuesday morning, in order to ensure insertion in the current issue.

BIRTH.

PATRICK.—On March 20, 1915, at Struan Hospital, Launceston, the wife of James Finlay Patrick, of Scottsdale, Tasmania—a son.

Diary for the Month.

Apr. 17.—N. Suburbs Med. Assoc. (N.S.W.), Annual Meeting.
Apr. 20.—N.S.W. Branch, B.M.A., Executive and Finance Committee; Ethics Committee.
Apr. 21.—W. Aust. Branch, B.M.A., Monthly.
Apr. 21.—Vict. Branch, B.M.A., Clinical Meeting.
Apr. 21.—W. Suburbs Med. Assoc. (N.S.W.), Annual Meeting.
Apr. 23.—Q. Branch, B.M.A., Council.
Apr. 27.—Vict. Branch, B.M.A., Eye and Ear Section.
Apr. 27.—N.S.W. Branch Organization and Science Committee; Medical Politics Committee.
Apr. 28.—Vict. Branch, B.M.A., Council.
Apr. 29.—S. Aust. Branch, B.M.A., Monthly.
Apr. 30.—Melbourne Hospital Clinical Society.

Covers for binding the *Medical Journal of Australia* for 1914 can be obtained on application to the Manager, B.M.A. Building, 30-34 Elizabeth Street, Sydney. The price of a cloth cover is 2s. and of half leather 3s. 6d., postage 7d.

Important Notice.

Medical practitioners are requested not to apply for any appointment referred to in the following table, without having first communicated with the Honorary Secretary of the Branch named in the first column, or with the Medical Secretary of the British Medical Association, 429 Strand, London, W.C.

Branch.	APPOINTMENTS.
QUEENSLAND. (Hon. Sec. B.M.A. Building, Adelaide Street, Brisbane).	Brisbane United F.S. Institute. F.S. Lodges at Longreach. F.S. Lodges at Warwick.
WESTERN AUSTRALIA. (Hon. Sec. 230 St. George's Terrace, Perth).	Swan District Medical Officer. All Contract Practice Appointments in W.A.
NEW SOUTH WALES. (Hon. Sec. 30-34 Elizabeth Street, Sydney).	Australian Natives Association. Balmain United F.S. Dispensary. Burwood District F.S. Institute. Canterbury United F.S. Dispensary. Goulburn F.S. Association. Leichhardt and Petersham Dispensary. M.U. Oddfellows Med. Inst., Elizabeth Street, Sydney. Marrickville United Friendly Societies' Dispensary. N.S.W. Ambulance Association and Transport Brigade. N. Sydney United F.S. People's Prudential Benefit Society. Phœnix Mutual Provident Society. F.S. Lodges at Braidwood. F.S. Lodges at Casino. F.S. Lodges at Lithgow. F.S. Lodges at Mudgee. F.S. Lodges at Orange. F.S. Lodges at Parramatta, Penrith, and Auburn. F.S. Lodges at Wellington. Killingworth Colliery, Newcastle. Seaham Colliery No. 1, Newcastle. Seaham Colliery No. 2, Newcastle. West Wallsend Colliery, Wallsend.
SOUTH AUSTRALIA. (Hon. Sec. 3 North Terrace, Adelaide).	The F.S. Medical Assoc. Incorp., Adelaide.

EDITORIAL NOTICES.

Manuscripts forwarded to the office of this Journal cannot under any circumstances be returned.

Original articles forwarded for publication are understood to be offered to the "Medical Journal of Australia" alone, unless the contrary be stated.

All communications should be addressed to "The Editor," "Medical Journal of Australia," B.M.A. Building, 30-34 Elizabeth Street, Sydney, New South Wales.

The following periodicals are required by the Librarian of the New South Wales Branch of the British Medical Association to complete the series for binding. Members who have borrowed these journals are requested to return them as soon as possible.

Lancet, November 7, 1914.
Lancet, November 14, 1914.